



Appeal Request Form

I hereby lodge an appeal against the assessment by the Australian Institute of Management that my managerial qualifications and experience do not meet the requirements of a senior manager for migration purposes.

My reasons for lodging this appeal are detailed on the next page. I have attached any additional information that was not included in my original application to justify my appeal. I have enclosed the fee for the appeal of AUD\$600.00 (plus 10% GST if applicable). It is not more than 6 months since my original assessment.

Assessment Reference Number: (located on your letter from AIM)

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Applicant Name: (please print)

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Date of Birth:

Postal Address for Correspondence:

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.....
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Email Address:

Agent Name: (if applicable) (Ensure you have attached documentation authorising an agent to act on your behalf)

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Applicant / Agent Signature:

.....

Date:



Australia

Credit Card Authorisation Form

Date: ___/___/___

Australian Institute of Management Registered Office Management Skills Assessment Unit Website www.aim.com.au

Member of the Asian Association of Management Organisations (AAMO)

Management Skills Assessment Coordinator Australian Institute of Management PO Box 200 Spring Hill Qld 4004

I, _____ authorise the Australian Institute of Management to debit the sum of AUD\$600.00 (plus 10% GST if applicable*) from my credit card in payment for a Management Skills Assessment Appeal.

Cardholders Name: _____

Address: _____

Card Type: [] BankCard [] MasterCard [] Visa [] Diners [] Amex: ID No: _____

Card Number: _____ Expiry Date: ___/___

Card Validation Code: _____(Last 3 digits of the number printed on the signature panel)

Signature: _____

Australian Institute of Management Registered Office ABN 56 004 525 017 St Kilda, Victoria, Australia

Australian Institute of Management Registered Office Management Skills Assessment Unit Website www.aim.com.au

*GST is payable for applicants within Australia only.

Appointment of Person to Act as Agent

Are you using a Migration Agent or other party/person to lodge this application on your behalf? Yes No

If yes, please complete the Authorisation for Appointment to Act as Agent below.

I, _____ authorise the following person to act on my behalf in relation to my application for a Management Skills Assessment.

Agent's Name

Name of Agency.....

Agent's Address.....

Agent's Email.....

Agent's Registration Number (if applicable).....

Applicants signature Date.....