

Application for Transit (subclass 771) visa for Australia

Form **876**

Department of Immigration and Border Protection

	Please use a pen, and write neatly in English using BLOCK LETTERS.				
	Tick where applicable				PHOTOGRAPH
	Part A — Your details				Please attach a recent passport photograph of yourself
1	Reason for transit				AND
					of children over 2 years of age included in this application and in your passport
2	Crew joining a vessel – Do you have a valid maritime crew visa?				
	No You must have a valid maritime crew visa before you can be	11	Details of passport	being used for travel	
	Yes granted a transit visa. You should apply for a maritime crew visa immediately.		Passport number		
•	V 6 II		Country of		
3	Your full name		passport	DAY MONTH YEA	AR
	Family name		Date of issue	/ /	
	Given names		Date of expiry	DAY MONTH YEA	NR
4	Other names you are, or have been, known by (including name at birth,		Issuing authority/	/ /	
	previous married names, aliases)		Place of issue as		
			shown in your passport		
			F-11-2		
5	Name in ethnic script (if applicable)	12	Country of residence	ce	
		13	Full residential add	ress	
6 7	Sex Male Female Relationship status			give your residential a	eceptable as a residential address will result in this
	Married Separated Never married or				
	Engaged Divorced been in a de facto relationship				POSTCODE
	De facto Widowed				TOSTGODE
3	Place of birth	14	Postal address (If s	same as residential ao	ldress, write 'AS ABOVE')
	Town				
	Country				
					POSTCODE
9	Date of birth / /	15	Telephone numbers	S	
			Office hours (ARI	EA CODE)	
0	Citizenship		After hours (ARI	EA CODE)	

16		the department communicating with you by fax, email	22	Det	ails of other p
	or other electro			the	te : If the reside address proven the person's resident to the contract of th
	Yes ► Giv Fax number	e details (AREA CODE)		all a	addresses mu a residential a
	Email address	,			
		Unication is refused, you will be notified by mail		1.	Family name
	NULE . II LIIIS ap	plication is refused, you will be notified by mail			Given name
17	Address while i	n Australia			Sex
					Date of birth
		POSTCODE			Country of birth
40				_	
18	Length of stay			2.	Family name
					Given name
19	Occupation				Sex
					Date of birth
20	Employer's nan	ne			Country of birth
				3.	Family name
21	Employer's add	ress			Given name
					Sex
		POSTCODE			Date of birth
					Country of birth

22 Details of other persons included in this application and in your passport

Note: If the residential address for any of these persons is different to the address provided at Question 13, please attach a sheet showing each person's residential address. If a person has more than one address, all addresses must be shown. A post office box address is not acceptable as a residential address.

1.	Family name	
	Given names	
	Sex	Male Female DAY MONTH YEAR
	Date of birth	/ /
	Country of birth	
2.	Family name	
	Given names	
	Sex	Male Female DAY MONTH YEAR
	Date of birth	/ /
	Country of birth	
3.	Family name	
	Given names	
	Sex	Male Female DAY MONTH YEAR
	Date of birth	/ /
	Country of birth	
4.	Family name	
	Given names	
	Sex	Male Female DAY MONTH YEAR
	Date of birth	/ /
	Country of	

If you need more space, attach a sheet giving the required details

23	Tota	al number of per	sons included in	this applica	tion	25	Arr	ival/Departure de							
							1.	Arrival date	DAY	MC	NTH /	YEAR			
24	Con	tacts in Australi	a			_	•	City/port of							
	1.	Name						arrival							
		Relationship						Flight/Ship							
		Address						Departure date	DAY	MC	NTH /	YEAR			
		/ tadi ooo						City/port of							
					POSTCODE			departure							
		Telephone	(AREA CODE)]		Flight/Ship							
		Тетернопе	(WILLY GODE	,		_		Country of destination							
	2.	Name							DAY	MC	NTH	YEAR			
		Relationship					2.	Arrival date		/					
		Address				_]		City/port of arrival							
		Audiess						Flight/Ship							
					POSTCODE				DAY	MC	NTH	YEAR	7		
		Talambana	(ADEA 00DE	```	10010002	_]		Departure date		/	/				
		Telephone	(AREA CODE)				City/port of departure							
	3.	Name				_		Flight/Ship							
	J.					_ 									
		Relationship													
		Address					3.	Arrival date	DAY	MC	NTH /	YEAR	7		
							٥.	City/port of							
					POSTCODE			arrival							
		Telephone	(AREA CODE)				Flight/Ship							
						- ¬		Doporturo doto	DAY	MC	NTH /	YEAR			
	4.	Name						Departure date City/port of		/					
		Relationship						departure							
		Address						Flight/Ship							
								Country of destination							
					POSTCODE			dodination							
		Telephone	(AREA CODE)		26		ve you or anyone				plication	ever pr	eviously	applied
						_		a visa or travelled	o to Au	istralia	1?				
							No Yes	Provide (dataa	of pro	douc.	iloito to i	or rooldo	noo in A	uotrolio
							168		MON		YEAR			MONTH	YEAR
								,	/	/		to	/	/	
								,	/	/		to	/	/	
									/	/		to		/	
													•		

Part B – Health

27	Part B — Health In the last 5 years, have you, or any other person included in this application, visited, or lived, outside your country of passport for more than 3 consecutive months? No		During your proposed visit to Australia, do you, or any other person included in this application, expect to incur medical costs, or require treatment or medical follow up for: • blood disorder; • cancer; • heart disease; • hepatitis B or C and/or liver disease; • HIV infection, including AIDS; • kidney disease, including dialysis; • mental illness; • pregnancy; • respiratory disease that has required hospital admission or oxygen therapy; • other? No					
	Date from / / to / /							
28	3. Name Country(s) Date from Day MONTH YEAR Day MONTH YEAR Day MONTH YEAR To DAY MONTH YEAR Day MONTH YEAR To DAY MONTH YEAR DAY MONTH YEAR To DAY MONTH Y							
29	 Have you, or any other person included in this application: ever had, or currently have, tuberculosis? been in close contact with a family member that has active tuberculosis? ever had a chest x-ray which showed an abnormality? No Yes ▶ Give details 							

Part C – Character

state who it applies to and give ALL relevant details. **32** Have you, or any person included in this application, ever: If the matter relates to a criminal conviction, please give the nature of · been charged with any offence that is the offence, full details of sentence and dates of any period of currently awaiting legal action? No Yes imprisonment or other detention. · been convicted of an offence in any country (including any conviction which is now removed from official records)? been the subject of an arrest warrant or Interpol notice? No Yes been found guilty of a sexually based offence involving a child (including where no conviction was recorded)? No Yes been named on a sex offender register? Yes · been acquitted of any offence on the grounds of unsoundness of mind or insanity? Yes No • been found by a court not fit to plead? Yes • been directly or indirectly involved in, or associated with, activities which would represent a risk to national security in Australia or any other country? No Yes been charged with, or indicted for: genocide, war crimes, crimes against humanity, torture, slavery, or any other crime that is otherwise of a serious international concern? No Yes • been associated with a person, group or organisation that has been/is involved in criminal conduct? No Yes been associated with an organisation engaged in violence or engaged in acts of violence (including war, insurgency, freedom fighting, terrorism, protest) either overseas or in Australia? No Yes • served in a military force, police force, state sponsored/private militia or intelligence agency (including secret police)? Yes • undergone any military/paramilitary training, been trained in weapons/explosives or in the manufacture of chemical/biological products? No been involved in people smuggling or people trafficking offences? No Yes · been removed, deported or excluded from any country (including Australia)? No overstayed a visa in any country (including Australia)? No Yes had any outstanding debts to the Australian Government or any public authority in Australia? No Yes

If you answered 'Yes' to any of the questions at Question 32, you must

Part D – Assistance with this form

Did you receive assi	istance in completing this form?
No ☐▶ Go to P	art E
Yes Please	give details of the person who assisted you
Title: Mr M	rs Miss Ms Other
Family name	
Given names	
Address	
- Idai ee	
	POSTCODE
Telephone number	or daytime contact
CO	UNTRY CODE AREA CODE NUMBER
Office hours () (
Mobile/cell	
No Go to P Yes Did you pay the person	son/agent and/or give a gift for this assistance?
Yes	
_	
Part E – Op	tions for receiving written
Part E – Opcommunica	v e
communica	v e
communica All written communica	tions
All written communi (Tick one box only)	tions
All written communi (Tick one box only) Myself	ications about this application should be sent to: You should complete form 956A Appointment
All written communic (Tick one box only) Myself [OR Authorised [ications about this application should be sent to:
All written communic (Tick one box only) Myself [OR Authorised recipient [ications about this application should be sent to: You should complete form 956A Appointme or withdrawal of an authorised recipient Your migration agent/exempt person shoul
All written communic (Tick one box only) Myself [OR Authorised recipient OR	ications about this application should be sent to: You should complete form 956A Appointme or withdrawal of an authorised recipient

Part F – Signatures

38 BIOMETRICS DECLARATION AND CONSENT

This declaration and consent must be signed by the main applicant and each accompanying person aged 16 years or over.

If I am requested or required to provide my fingerprints and facial image: I consent to:

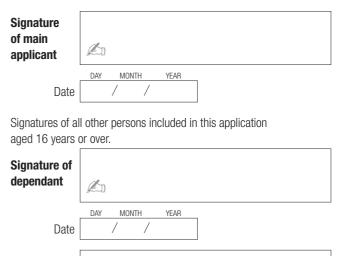
- the collection of my fingerprints and facial image; and
- if applicable, the collection of the fingerprints and facial image of each accompanying person under 16 years of age.

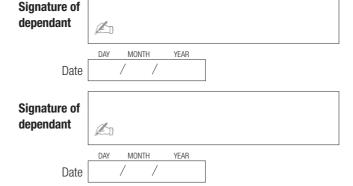
I declare that:

 I understand that my fingerprints and facial image and my biographical information (and those of each accompanying person under 16 years of age) held by the department may be given to Australian law enforcement agencies to help identify me and each accompanying person, to help determine my eligibility and the eligibility of each accompanying person for grant of the visa applied for, and for law enforcement purposes.

I consent to:

- Australian law enforcement agencies disclosing my biometric, biographical and criminal record information (and that of each accompanying person under 16 years of age) to the department for any of the purposes outlined above; and
- the department using the information obtained for the purposes of the Migration Act 1958 or the Australian Citizenship Act 2007.





39 DECLARATION

WARNING: Giving false or misleading information or documents is a serious offence.

I declare that:

- the information provided on, or with this form, is complete and correct;
- I and my accompanying persons will, if granted a transit visa:
 - travel to Australia with fully paid tickets for travel to a third country beyond Australia and will produce these tickets on arrival in Australia and will retain them while in Australia;
 - not seek authority to settle in Australia and will leave at or before the end of the authorised transit period; and
 - not undertake employment or any formal studies or training during the authorised transit period in Australia.
- I have read the information contained in form 1442i Privacy notice;
- I understand the department may collect, use and disclose my personal information (including biometric information and other sensitive information) as outlined in form 1442i Privacy notice.

Signature of main E applicant DAY MONTH YEAR Date Signatures of all other persons included in this application aged 16 years or over. Signature of dependant MONTH YEAR Date Signature of dependant MONTH Date Signature of dependant

We strongly advise that you keep a copy of your application and all attachments for your records.

YEAR

MONTH

Date

Office use only					
Documents sighted Itinerary					
	Onward ticket				
	Seafarer's identity document (if crew)				
Approved					
Not approved	Reasons for refusal				
Entry	Single Multiple Number				
Comments					
	DAY MONTH YEAR				
Date of grant	/ /				
Validity					
Length of stay					
Conditions					
Signature of authorised officer					
	DAY MONTH YEAR				
Date	/ /				