



## 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\$700.00 (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)

.....

Date of Birth: .....

**Postal Address for Correspondence:**

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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:**

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Date: .....



**Please outline your reason for appeal on this page. If insufficient space, please attach a separate sheet.**

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Please attach any additional documentation and post to:

Australian Institute of Management  
Management Skills Assessment Unit  
GPO Box 2229  
Brisbane Qld 4000  
Australia



**Credit Card Authorisation Form**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Management Skills Assessment Coordinator  
Australian Institute of Management  
GPO Box 2229  
Brisbane Qld 4000

I, \_\_\_\_\_ authorise the Australian  
Institute of Management to debit the sum of AUD\$700.00 (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:** \_\_\_\_\_

\*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.....