Skilled Migration Services agent declaration

reference:

assessment:

11.17

|  |
| --- |
| **Applicant details** |
| Full Name: Date of Birth:Street Address Line 1: |
| Street Address Line 2:Suburb/Town: Post code/Zip code: |
| State/Territory/Province: Country:Phone: Email: |

13/30-32 LANGHORNE STREET

State/Territory/Province:

Phone:

Email:

info@dlegal.com.au

DANDENONG

0425725570

Australia

VIC

3175

D LEGAL BARRISTERS & SOLICITORS

Dinesh Weerakkody

**Agent details**

Name:

Company:

StreetAddressLine1:

StreetAddressLine2:Suburb/Town:

Post code/Zip code:

Country:

Agent to confirm the above is true and correct.

**Signature**

Date:

**Applicant declaration**

I, acknowledge the use of the above agent to act on my behalf for my assessment.

 **Signature**

Date: