

Australian temporary resident questionnaire



Policy number(s)

Surname (please print)

Given name(s)

Date of birth

1 What type of visa do you currently hold?

Class of visa/title

Visa number

Visa expiry date

2 Where was this visa obtained?

Place of issue

3 What is your intended length of stay in Australia?

4 Does your visa allow you to work in Australia?

No Yes

5 Are you being sponsored to remain in Australia?

No Yes

If yes, please provide the name and address of your sponsor and terms of your sponsorship.

6 Please provide full details of the reason for your stay in Australia.

Work

Study

Visit/Holiday

Other (please advise):

7 Please advise full details of the terms of your current employment.

8 Please provide the name of any other country you have resided in during the last five years.

Australian temporary resident questionnaire (continued)

9 Will you be applying or have you already applied for an Australian Permanent Residency visa?

No Yes

If yes, please provide a copy of your acknowledgement of receipt of application from the Australian Government Department of Immigration and Citizenship (DIAC).

If no, please advise the likely date of either your application for Australian Permanent Residency, or your departure from Australia. Please indicate which.

10 Will you be applying or have you already applied for an extension to your current visa?

No Yes

If yes, please provide a copy of your acknowledgement of receipt of application from the Department of Immigration and Citizenship (DIAC), and details of the intended length of your extended stay.

We require a copy of your visa and passport to be submitted with this questionnaire

Copy of passport attached

Copy of visa attached

Declaration

I declare that the statements given above are complete and true and I understand that AXA will be relying on the complete accuracy of the statements in assessing my application for insurance.

Name	Signature	Date
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value=" "/>

Please send completed form and attachments to:

AXA Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

Telephone: 132 987
Facsimile: 1800 674 684