



# International Visitors Program Application

- Use this Application Form to request a visit to the ATO.
- Submit your application 45 days in advance of the proposed start date of the visit.
- All members of the visiting delegation should be employees of the national revenue authority of the country requesting the visit. Exceptions to this rule must be accompanied by valid reasons.
- State clearly the purpose and specific objectives of the visit. All delegation members must be proficient in English or the requesting country must provide an interpreter to accompany the group.
- All visitors will be processed through security operations. A guest list must be submitted with the application so security arrangements can be made in advance.

- You may request visits of up to three days through this program, including visits to site offices. International Engagement will consider requests for visits of more than three days to determine the suitability for a technical assistance or training program.

- ! Refer to the instructions to help you complete this form.
  - Print clearly using a black or dark blue pen.
  - Use BLOCK LETTERS and print one character per box.
  - Place **X** in all applicable boxes.
  - Do not use correction fluid or covering stickers.

## Section A: Entity information

### 1 What is the name of requesting agency or organisation?

### 2 Are you a provincial/state or local revenue authority?

If you indicated YES, we will refer your application to your authority counterpart in Australia. The ATO hosts only visits from national revenue authorities.

No  Yes

### 3 Has this application received formal endorsement within your organisation?

The ATO requires this endorsement prior to agreeing to a visit.

No  Yes

### 4 Approximate number of employees

! Please attach a copy of your **Organisational Structure**.

### 5 Contact information of requesting agency or organisation

Title

Other

Name

#### Mailing address (including country and city code)

Suburb/town/locality

State/territory




(Australia only)

Postcode





(Australia only)

Country if outside Australia

#### Phone number















#### Email

### 6 Dates requested for visit

1st choice: from   /   /    to   /   /

2nd choice: from   /   /    to   /   /

Type of visit

**7 City/ATO Branch location requested for visit**

**8 Have you visited the ATO before?**

No

Yes

Objectives and dates of previous visit

**9 Is your proposed visit at the invitation of an ATO official?**

No

Yes

Official's name


**10 Are you visiting any other government departments whilst in the Australia?**

No

Yes

Department names being visited

**11 Number of visitors**

 If ten or less visitors are expected, complete pages 4–13 providing the name, title of position, date of birth, employment background, educational background and language proficiency for EACH participant. If there are more than ten visitors, please complete a separate application and submit all forms.

**12 Will an interpreter accompany participant(s)?**

No

Yes

**13 Purpose of visit**

**14 How do you intend to apply the learning's from the ATO on returning to your own country?**

**15 If requested, is your delegation prepared to do a presentation on a topic of interest to the ATO?**

No

Yes

What topic do you wish to present to the ATO?

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## Section B: **Topics requested**

### **Topic 1**

Please provide the name and a brief description of the topic as it relates to your tax administration

Please provide specific questions to be addressed by ATO topic specialists

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### **Topic 2**

Please provide the name and a brief description of the topic as it relates to your tax administration

Please provide specific questions to be addressed by ATO topic specialists

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### **Topic 3**

Please provide the name and a brief description of the topic as it relates to your tax administration

Please provide specific questions to be addressed by ATO topic specialists

 If you need additional pages, please duplicate as many pages as needed.

## Section C: List of participants

 Please complete for each participant.

### Name

Title

Other

Name

### Position

Will this participant head the delegation?

No

Yes

Is this participant an employee of the requesting agency/organisation?

No

Yes

If you indicated NO, please provide reasons why this participant is part of this delegation visiting the Australian Taxation Office.

### Date of birth

Day

Month

Year

 /  / 

### Place of birth

### Employment background

### Educational background

### Language proficiency

 Please complete for each participant.

**Name**

Title

Other

Name

**Position**

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