

# MIGRATION REVIEW TRIBUNAL

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Fee Exemption: Yes. Refer to the regulations.

Fee Waiver: Yes. Severe financial hardship.

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## **Fees of the Migration Review Tribunal**

Regulation 4.13 of the *Migration Regulations 1994* sets out the application fees for review of a decision by the Migration Review Tribunal.

## **Fee Exemption**

Certain applications do not require payment of application fees. Refer to clause 4.13(2) of the *Migration Regulation 1994*.

## **Fee Waiver/Postponement**

Under regulation 4.13(4) of the *Migration Regulation 1994* the Registrar, may determine that the application fee should be waived if payment is likely to cause severe financial hardship to the review applicant.

## **Procedure**

A fee waiver may be requested when making the application for review, or a refund of the application fee may be sought at a later date.

An Application for Fee Waiver must be completed. A copy of the Application form is attached (9 pages) and is found online at <http://www.mrt.gov.au/forms/M11FormAppFeeWaiver.pdf>

To update this manual:

Visit the 'Applications' page from the Migration Review Tribunal homepage. Select 'Forms'.

<http://www.mrt.gov.au/forms.html>



**Australian Government**  
**Migration Review Tribunal**

**APPLICATION FOR FEE WAIVER**

The fee for making an application for review to the Migration Review Tribunal may be waived if payment of the fee has caused, or is likely to cause, *severe financial hardship* to the review applicant.

A fee waiver may be requested when making an application for review, or a refund of the application fee may be sought at a later date.

**MRT file number** (if known)

**Review applicant(s)**

*Full name*


**Your daytime telephone number**

**Facsimile number**

**Email address**


**Visa applicant(s)**

*Full name*


When you lodge this form together with documentary evidence, it will be attached to the Tribunal file. The information you have provided may be compared with other evidence on the Tribunal file and on the Department of Immigration and Multicultural and Indigenous Affairs file that is relevant to the review application.

The fee for making an application for review to the Tribunal may be waived if payment of the fee has caused, or is likely to cause, *severe financial hardship* to the review applicant. In order to make this decision, the Tribunal needs to know your financial circumstances and those of other people associated with your application for review. The following questions will assist the Tribunal in this assessment.

## 1. About you

<i>Full name</i>	<input type="text"/>
<i>Address</i>	<input type="text"/>
<i>Occupation</i>	<input type="text"/>
<i>Name of business</i>	<input type="text"/>
<i>Business address</i>	<input type="text"/>

## 2. About your partner

<i>Full name</i>	<input type="text"/>
<i>Address</i>	<input type="text"/>
<i>Occupation</i>	<input type="text"/>
<i>Name of business</i>	<input type="text"/>
<i>Business address</i>	<input type="text"/>

## 3. Your dependants (name and age of children or other dependants)

<input type="text"/>
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#### 4. You and your partner's assets

(a) Money in bank, credit union, building society accounts, or invested in stocks, bonds, certificates of deposit etc in your name and/or that of your partner. Include the estimated value of any shares held.

<i>Account name</i>	<i>Name of bank etc</i>	<i>Account number</i>	
			\$
			\$
			\$
			\$
			\$

(b) Items of property such as a car, caravan, business assets etc valued at \$2,000 or greater.

	\$
	\$
	\$
	\$
	\$

(c) Approximate equity in any house or other real estate owned or being purchased.

	\$
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#### 5. You and your partner's income

(a) If employed, **your** fortnightly income. Include overtime, commissions, bonuses and self-employment.

<i>Gross fortnightly income (before tax)</i>	<i>Net fortnightly income (after tax)</i>
\$	\$

(b) If employed, **your partner's** fortnightly income. Include overtime, commissions, bonuses, self-employment.

\$	\$
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(c) Social security payments made to you, your partner or dependants. State type of payment - e.g. a Pension, Sickness, Youth or Newstart Allowance, Parenting Payment or Family Allowance.

<i>Recipient</i>	<i>Type of payment</i>	
		\$
		\$
		\$
		\$
		\$

(d) Other income you, your partner or dependants receive, such as child support, rent paid to you, interest etc.

<i>Recipient</i>	<i>Type of payment</i>	
		\$
		\$

(e) Total gross (before tax) and net (after tax) fortnightly income received by you and your partner.

	<i>Gross</i>	<i>Net (after tax)</i>
<b>TOTAL FORTNIGHTLY INCOME</b>	\$	\$

## 6. Expenses

Usual fortnightly living expenses. Where expenses are not paid fortnightly, please estimate the average fortnightly amount.

Rent, board, or mortgage payments	\$
Food	\$
Clothing	\$
Electricity	\$
Gas	\$
Water rates	\$
Council rates	\$
Health/medical	\$
Education/child care	\$
Property maintenance	\$
Fares/transport costs	\$
Car expenses, registration, insurance	\$
Petrol	\$
Telephone	\$
Other	\$
<b>TOTAL FORTNIGHTLY COSTS</b>	\$

## 7. Payments to migration agents or other representatives

Include all monies already paid to, or owed to, any person (s) who has assisted, or is assisting, you with this application. Please also indicate the date when final payment is due.

<i>Person or company</i>	<i>Amount paid</i>	<i>Amount owed</i>	<i>Date final payment due</i>
	\$	\$	
	\$	\$	
	\$	\$	

**8. Debts**

(a) Credit card and other amounts owed to financial institutions.

<i>Type of account and issuing bank</i>	<i>Amount owed</i>	<i>Available credit or redrawable amount</i>	<i>Monthly payments</i>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

(b) Other debts.

<i>Person or company owed</i>	<i>Reason for debt</i>	<i>Amount owed</i>
		\$
		\$
		\$
		\$
		\$

**9. Financial circumstances of the visa applicant.**

If you are not the visa applicant.

Please explain why the visa applicant cannot assist you to pay the review fee.

<p>.....</p> <p>.....</p> <p>.....</p>
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## 10 Further information.

**(a) If you are financially dependent on another person**

Please provide details and documentary evidence of that person's financial circumstances.

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**(b) If you have already paid the review fee**

Please explain where you obtained the funds, and why this payment has caused you, or is likely to cause you, severe financial hardship.

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**(c) Your reasons for seeking a waiver of the review fee**

Please provide an explanation as to why you believe that payment of the review fee has caused you, or is likely to cause you, severe financial hardship.

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**To assist the Tribunal in its decision please attach the following documentary evidence:**

- you and your partner's most recent income tax assessment notices
- bank statements for the last 6 months for all accounts operated by you and your partner or you and the secondary applicant
- 2 current payslips or payment statement(s) from Centrelink
- credit card statements for the past 6 months
- evidence of rent paid, and any expenses beyond regular living expenses

You may attach any other evidence that you believe is relevant to your fee waiver application, and attach additional statements or submissions. If you are dependent on another person you must attach similar documentary evidence relating to them.

## 11 Declaration

I declare that all the information provided by me in this form is true and that I can verify the information with original documents. I seek a waiver of the review application fee on the grounds that the payment of the fee has caused me, or is likely to cause me, *severe financial hardship*.

### WARNING

It is an offence under paragraph 234 (1)(b) of the *Migration Act 1958* for a person to make, or cause to be made, to an officer or a person exercising powers or performing functions under this Act, a statement that, to the person's knowledge, is false or misleading in a material particular.

**Penalty:** Imprisonment of up to 10 years or a substantial fine, or both.

**Signature**

**Date**

**Partner's Signature**

*(if details included)*

**Date**

**Office use only**

**MRT tracking number or file no.** (if known)

**Assessment by authorised officer**

The payment of the application fee has caused/is likely to cause, severe financial hardship to the review applicant.

The payment of the application fee has NOT caused/is NOT likely to cause, severe financial hardship to the review applicant.

**Decision**

From the claims and evidence provided, I am <not> satisfied that payment of the application fee has caused/is likely to cause, severe financial hardship to the review applicant.  
Consequently the application fee is WAIVED/NOT WAIVED

**Reasons for Decision**

**Signature of Authorised Officer**

**Date**

**PROCESSING**

Applicant advised

**DATE**

Refund Required?

**NO**

**YES**

If yes, receipt number

Referred for refund action

**DATE**