



UK Visas
& Immigration

Sponsor change of circumstances

Introduction

This form must only be used to report changes where you do not have an existing Level 1 user with access to the [sponsorship management system](#) (SMS).

You must complete the form either by printing it and completing it in black ink or by typing directly into the form, printing it and signing at each required section. With each method you must send the completed form to:

Sponsor Casework Operations
Maintenance Team
PO Box 3468
Sheffield
S3 8WA

You should save a hard or digital copy for your own records. Users of Apple's OS X can save the file as a .pdf document using the built-in Preview application. Windows users can save the file as plain text using the free application, Adobe Reader. However, if you wish to save the file as a .pdf document, you will need to find alternative software.

If the request is not for one of the changes listed in *Section A* or you already have access to SMS, the form will be rejected and returned to you and you will need to re-submit the request using your SMS account.

If you require any assistance with form, please call the Educators or Business Helpdesk on 0300 1234699. Alternatively, you can email using either:

BusinessHelpdesk@homeoffice.gsi.gov.uk; or

EducatorsHelpdesk@homeoffice.gsi.gov.uk

Please note, only text which is visible on the form will print. If text overruns on any field, the additional text will not print and could result in a delay in the consideration of your request.

Who has authority to sign this form?

Requested Change	Who has authority to sign the form
Appointing a new Level 1 user where there are no other Level 1 users that can make the request via SMS.	Any existing key personnel
Appointing a new Level 1 user where there are no other Level 1 users that can make the request via SMS and the new Level 1 user will also be the Authorising Officer.	New Authorising Officer
Appointing a new Level 1 user where there are no other Level 1 users that can make the request via SMS and the new Level 1 user will also be the Key Contact.	Any existing key personnel
Appointing a new Level 1 user where there are no other Level 1 users that can make the request via SMS and the new Level 1 user will also be a representative where the representative has not yet been formally appointed.	Existing authorising officer or new Authorising Officer if the change is being reported on the same form
Licence surrender, in one or more categories, where there are no Level 1 users that can make the request via SMS.	The Authorising Officer

Section A – which sections to complete

Indicate the change(s) you want to make by selecting the checkbox next to the relevant function and completing the associated mandatory sections	Mandatory sections to be completed								
		B	C	D	E	F	G	H	I
Appointing a new Level 1 user	<input type="checkbox"/>	✓	✓	✓	✓				✓
Appointing a new Level 1 user who is also the new Authorising Officer	<input type="checkbox"/>	✓	✓	✓	✓	✓			✓
Appointing a new Level 1 user who is also the key contact	<input type="checkbox"/>	✓	✓	✓	✓				✓
Appointing a new Level 1 user who is also a representative where the representative has not yet been formally appointed	<input type="checkbox"/>	✓	✓	✓	✓		✓		✓
Requesting to surrender licence	<input type="checkbox"/>							✓	✓

Section B – sponsor details

What is your sponsor licence number (SLN)?	<input type="text"/>
What is the name on your sponsor licence?	<input type="text"/>
What is your existing or proposed role? (select all that apply)	<input type="checkbox"/> Authorising Officer <input type="checkbox"/> Key Contact <input type="checkbox"/> Level 1 User <input type="checkbox"/> Existing Authorising Officer
If you are replacing the Authorising Officer, Level 1 user or Key Contact, which role are you replacing? (select all that apply)	<input type="checkbox"/> Authorising Officer <input type="checkbox"/> Key Contact <input type="checkbox"/> Level 1 User

Section C – your details

Title:	<input type="text"/>	If 'Other':	<input type="text"/>
First name(s):	<input type="text"/>		
Last Name:	<input type="text"/>		
Previously known as (if applicable):	<input type="text"/>		
Address where employed:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Post code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number (including area code):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>		
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>		
National Insurance number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position in organisation:	<input type="text"/>		

Section D – immigration status

Are you a non-EEA national and under immigration control? If 'Yes', please complete your details below.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Immigration status:	<input type="text"/>
Home office reference number (if known):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date of current leave to enter/remain:	<input type="text"/> <input type="text"/> <input type="text"/>
Passport number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

You must also include a copy of your photo/bio data page from your passport together with a copy of the Leave to Remain/Enter or your Biometric Residence Permit, if applicable.

Section E – criminal convictions

Have you been:	
convicted of a relevant offence, as detailed in the Sponsorship policy guidance ?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
issued with a fixed or civil penalty five years before the date of this application in the list of civil penalties (Appendix C of the Sponsorship policy guidance), unless that penalty was withdrawn by us or cancelled on appeal; or	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
an un-discharged bankrupt, or are legally prevented from becoming or acting as a company director?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

<p>If you have answered 'Yes' to any questions above, please provide full details:</p>			
<p>Date of conviction or penalty:</p>			

Section F - Level 1 user who is also the new Authorising Officer

If you are appointing a new Level 1 user who is also the new Authorising Officer you must ensure this section is signed by the new Authorising Officer.

Declaration

Please read and complete the declaration to confirm that you understand, agree with and will abide by all the statements.

- I will inform you without delay if there is a material change in my circumstances or new information relevant to this application which becomes available before this application is decided.
- I agree to co-operate with your officials, when they are carrying out checks in connection with this application.
- I understand that if I knowingly make any false representations in this application, action will be taken against me which could lead to my sponsor licence being revoked.
- I understand that it is an offence under section 25 of the Immigration Act 1971 to do an act which facilitates a breach of immigration law by an individual who is not a citizen of the European Union, or if I know or have reasonable cause to believe that it may so facilitate.

The information provided by me to you will be treated in confidence but it may be disclosed to other law enforcement agencies, UK government departments, agencies, local authorities, foreign governments and other bodies for immigration or research purposes and to help them to carry out their functions.

I understand you may ask for or check information from other law enforcement agencies, government departments, agencies, local authorities, the police, foreign governments and other bodies for immigration, research or security purposes or to help you process this application.

I agree that you may use the information given in this application for training and research purposes.

I have read, understood and agree to comply with my sponsor duties as set out in the sponsor guidance.

Signatures must be original and cannot be typed into the form.

Signature:	
Name:	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> <input type="text"/>
Position in organisation:	<input type="text"/>
If you are replacing the existing Level 1 user or Key Contact, indicate whether they are an employee of your organisation or a representative.	<input type="text"/>

You should ensure the representative organisation is listed as the representative on your sponsor licence. If they are not, you must complete *Section G*.

Section G - Level 1 user whose also the new legal representative

Please provide their details.

Name of the representative's organisation:	<input type="text"/>
Name of contact:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email:	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality:	<input type="text"/>
Telephone number:	<input type="text"/>
Representative's OISC registration status:	<input type="text"/>
Registration number or if 'Not registered' provide details:	<input type="text"/>

The newly appointed legal representative who is dealing with all matters on your behalf must read and sign the following declaration.

- I have been appointed by to act on their behalf.
- I confirm that the above-named sponsor has successfully submitted their application for a sponsor licence, and any information I provide will be, to the best of my knowledge and belief, true and correct.
- I will provide the above-named sponsor with all correspondence from UK Visas and Immigration relating to their licensed sponsor status.
- I declare that I am permitted to provide immigration advice and immigration services by section 84 of the Immigration and Asylum Act 1999.
- I am aware that it is an offence under the Immigration Act 1971, as amended by the Immigration and Asylum Act 1999 and the Nationality, Immigration and Asylum Act 2002, to do an act which facilitates the commission of a breach of immigration law by an individual who is not a citizen of the European Union, knowing or having reasonable cause to believe that the act has this effect.

Representative signature

Signatures must be original and cannot be typed into the form.

Signature:	
Name:	<input type="text"/>
Name of organisation:	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> <input type="text"/>
Position in organisation:	<input type="text"/>

Authorising Officer signature

Signatures must be original and cannot be typed into the form.

I hereby declare that the above representative has been appointed to act on my behalf in all matters concerning my licensed sponsor status under the Points Based System.

Signature:	
Name:	<input type="text"/>
Name of organisation:	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> <input type="text"/>
Position in organisation:	<input type="text"/>

Section H - licence surrender

What is your existing or proposed role?	
What is your sponsor licence number?	
What is the name on your sponsor licence?	
Please provide the reasons for this request:	

Please indicate which categories you wish to surrender, or select 'All categories'.

All categories	<input type="checkbox"/>
Tier 2 (General)	<input type="checkbox"/>
Tier 2 (ICT)	<input type="checkbox"/>
Tier 2 (Minsters of Religion)	<input type="checkbox"/>
Tier 2 (Sports person)	<input type="checkbox"/>
Tier 4 (General)	<input type="checkbox"/>
Tier 4 (Child)	<input type="checkbox"/>
Tier 5 (Creative and Sporting)	<input type="checkbox"/>
Tier 5 (Government Authorised Exchange)	<input type="checkbox"/>
Tier 5 (International Agreement)	<input type="checkbox"/>
Tier 5 (Religious Workers)	<input type="checkbox"/>
Tier 5 (Charity Workers)	<input type="checkbox"/>

Are you surrendering your licence because you have come under new ownership, for example because of a merger or takeover, or a sale of the controlling number of your shares?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes' to the question above, you must give full reasons:	<div style="border: 1px solid black; height: 150px;"></div>	

If you are surrendering your sponsor licence you **must** confirm the following:

Do you currently sponsor any migrants (or have you transferred any migrants to a new organisation as part of a merger/takeover or TUPE transfer) or;	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Do you have any outstanding certificates of sponsorship/confirmation of acceptance for study assigned to a migrant application?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Surrender declaration (must be completed by the current Authorising Officer)

Please read the declaration and complete the declaration to state that you have understood, agree with and will abide by all the statements:

- I wish to surrender of my sponsor licence;
- I do not currently sponsor any migrants in the category/categories I wish to surrender; and
- I confirm I have no outstanding CoS/CAS assigned to a migrant application in the category/categories I wish to surrender.

Signatures must be original and cannot be typed into the form.

Signature:			
Name:	<input type="text"/>		
Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position in organisation:	<input type="text"/>		

Section I - declaration

This section can be signed by any of the key personnel named on your sponsor licence except where you are appointing a new Authorising Officer and/or a representative, or where you are requesting to surrender a licence, when the form must be signed by the Authorising Officer.

I hereby declare the above information is, to the best of my knowledge and belief, true and correct. You must refer to the [Sponsorship policy guidance](#) to ensure you are fully aware of the roles and responsibilities for each key personnel role.

Signatures must be original and cannot be typed into the form.

Signature:	
Name:	<input type="text"/>
Name on sponsor licence:	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> <input type="text"/>
Position in organisation:	<input type="text"/>