



# Residence

Category of entry you are applying for:

General Skills  Family  Humanitarian  Samoan Quota Scheme  Other (please specify)

For help completing this form, refer to the *Guide to Applying for Residence in New Zealand*.

## Section A Personal details

### Principal applicant

Client number:

Application number:

**A1**

Name as shown in passport

Family:  Given:

**A2**

Preferred title Mr  Mrs  Ms  Miss  Dr  other

(please specify)

**A3**

Other names you are known by

**A4**

Your name in ethnic script

**A5**

Gender Male  Female

**A6**

Date of birth

day month year

**A7**

Place and country of birth

Place:

Country:

**A8**

Passport details

Number:

Country:

**A9**

Other citizenships currently held

**A10**

Name and address for correspondence (or agent details). Use both English and own language where required.

Phone/ day:

Phone/ night:

Fax:

Email:

Pin or staple two recent passport size photographs of yourself here. Write your name on the back of each photograph.

**A11**

Your current home address and telephone number

|  |
|--|
|  |
|  |
|  |
|  |

|               |  |
|---------------|--|
| Phone/ day:   |  |
| Phone/ night: |  |
| Fax:          |  |
| Email:        |  |

Address in your home country

|  |
|--|
|  |
|  |
|  |
|  |

**A12**

Marital status     Married     Never married     De-facto partnership  
 Engaged     Widowed     Divorced

**A13**

Give details of ALL your family, whether migrating with you or not. All family members includes those adopted legally or by custom (adopted at an early age by members of the extended family). It is not necessary to list deceased family members.

| Full name | Gender M/F | Date of birth | Marital status | Country of residence |
|-----------|------------|---------------|----------------|----------------------|
|-----------|------------|---------------|----------------|----------------------|

Parents (birth and adoptive)

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

Brothers and sisters (including full, half, step and adopted brothers and sisters)

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Children (including biological, adoptive and step children and from previous marriages/relationships)

Does the person intend to migrate with you?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

## Spouse/ partner

**A14**

Name as shown in passport

Family:

Given:

**A15**

Preferred title

Mr

Mrs

Ms

Miss

Dr

other

(please specify)

**A16**

Other names they are known by

**A17**

Name in ethnic script

**A18**

Gender

Male

Female

**A19**

Date of birth

day

month

year

**A20**

Place and country of birth

Place:

Country:

**A21**

Passport details

Number:

Country:

**A22**

Other citizenships currently held

**A23**

Give details of ALL your spouse/ partner's family, whether migrating with you or not. All family members includes those adopted legally or by custom (adopted at an early age by members of the extended family). It is not necessary to list deceased family members.

| Full name | Gender<br>M/F | Date of birth | Marital<br>status | Country of residence |
|-----------|---------------|---------------|-------------------|----------------------|
|-----------|---------------|---------------|-------------------|----------------------|

Parents (birth and adoptive)

| Full name | Gender<br>M/F | Date of birth | Marital<br>status | Country of residence |
|-----------|---------------|---------------|-------------------|----------------------|
|           |               |               |                   |                      |
|           |               |               |                   |                      |

Brothers and sisters (including full, half, step and adopted brothers and sisters).

| Full name | Gender<br>M/F | Date of birth | Marital<br>status | Country of residence |
|-----------|---------------|---------------|-------------------|----------------------|
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |
|           |               |               |                   |                      |

Children (including biological, adoptive and step children and from previous marriages/ relationships)

Does the person intend to migrate with you?

Yes

No

| Full name | Gender<br>M/F | Date of birth | Marital<br>status | Country of residence | Yes                      | No                       |
|-----------|---------------|---------------|-------------------|----------------------|--------------------------|--------------------------|
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |
|           |               |               |                   |                      | <input type="checkbox"/> | <input type="checkbox"/> |

Attach two recent passport size photographs. Write name on back.

Supply the following details for each dependent child included in this application

**A24**

Child's name as shown in passport

Family:

Given:

Dependent Child 1

Attach two recent passport size photographs. Write name on back.

**A25** Male  Female

**A26** Date of birth     
day month year

**A27** Country of birth

**A28** Passport number

**A29** Country of citizenship

**A30** Other citizenships currently held

**A31**

Child's name as shown in passport

Family:

Given:

Dependent Child 2

Attach two recent passport size photographs. Write name on back.

**A32** Male  Female

**A33** Date of birth     
day month year

**A34** Country of birth

**A35** Passport number

**A36** Country of citizenship

**A37** Other citizenships currently held

**A38**

Child's name as shown in passport

Family:

Given:

Dependent Child 3

Attach two recent passport size photographs. Write name on back.

**A39** Male  Female

**A40** Date of birth     
day month year

**A41** Country of birth

**A42** Passport number

**A43** Country of citizenship

**A44** Other citizenships currently held

**A45**

Child's name as shown in passport

Family:

Given:

Dependent Child 4

Attach two recent passport size photographs. Write name on back.

**A46** Male  Female

**A47** Date of birth     
day month year

**A48** Country of birth

**A49** Passport number

**A50** Country of citizenship

**A51** Other citizenships currently held

**A52**

Are you separated or divorced from the parent of any of the above children or is the parent of any of the above children not included in this application?

No  Yes

If yes, refer to the Residence Guide, page 6 under the heading Birth Certificate, for the information and evidence required.

## Character requirements *(for help, see page 7 of the Residence Guide)*

The following questions apply to every person included in this application 17 years of age and over.

**A53**

List the countries, including all countries of citizenship, you and/or your family (if applicable) have lived in for 12 months or more in the last ten years. Include countries where your stay has been broken by short departures.

| Name | Name of country | Date of arrival | Date of departure |
|------|-----------------|-----------------|-------------------|
|      |                 |                 |                   |
|      |                 |                 |                   |
|      |                 |                 |                   |
|      |                 |                 |                   |

**A54**

Are you and/or any of your accompanying family members currently under investigation, or wanted, by any law enforcement agency in any country?

Yes  No

Have you and/or any of your accompanying family members ever been:

**(Please include all convictions for any offence(s), including any which are now regarded as having lapsed under any legislation).**

- Convicted or found guilty of any offence(s) against the law in any country? Yes  No
- Sentenced to serve a period of time in prison or other form of detention? Yes  No
- Placed on probation? Yes  No
- Charged with any offences against the law in any country? Yes  No
- Deported, excluded or removed from any country, including New Zealand? Yes  No
- Asked to leave any country, including New Zealand? Yes  No
- Refused entry to any country, including New Zealand? Yes  No
- Refused a visa/permit to visit, work, study or reside in any country, including New Zealand? Yes  No
- Involved in any terrorist activities or advocated similar violent activities? Yes  No
- A member of, or adhered to, any terrorist organisation? Yes  No
- Involved in the illicit drug trade? Yes  No
- A member of, or adhered to, any organisation or group with criminal objectives or which has engaged in criminal activities or advocated such activities? Yes  No
- A member of, or adhered to, any group of persons or organisation which, at the time of membership or adherence, had objectives which were based on hostility against persons or groups of persons on the basis of their colour, race, or ethnic or national origin, or were based on a representation that persons of a particular race or colour are inherently inferior or superior to other races or colours? Yes  No

If "Yes" to any of the above questions, give full details and the name of the family member(s).

|  |
|--|
|  |
|  |
|  |
|  |
|  |

## Medical requirement *(for help, see page 8 of the Residence Guide)*

**A55** Each person included in the application is required to complete an NZIS “*Medical and X-Ray Certificate Form*”.

Are medical certificates included for each applicant? Yes  No

## English language requirement *(for help, see pages 8-11 of the Residence Guide)*

**A56** English language requirements apply to every person 16 years of age and over that is included under **General Skills category**.

**Note:** *Spouse/partner/dependent children of principal applicants previously approved under the General Skills, Business Policy or Investor category who were not included in that application, will be subject to the English language requirement applicable at the time their application is made. (for more details see page 10 of the Residence Guide).*

English language ability for principal applicants and accompanying dependants.

| Applicant/dependant | Meets minimum standard of English or Pre purchase ESOL training<br>Yes / No | List evidence submitted with application |
|---------------------|---|--|
|                     |   |  |
|                     |   |  |
|                     |   |  |
|                     |   |  |
|                     |   |  |
|                     |   |  |

## Checklist for section A

Complete the following checklist to ensure that lodgement requirements for all applicants are met. The Immigration Regulations in New Zealand require that a residence application cannot be accepted for consideration unless the following are provided to a visa/immigration officer:

- A completed application form
- Current passport(s) or certificate of identity
- Two passport size photographs
- Full birth certificate(s)
- Application fee
- Completed medical(s) and x-ray certificate(s) (less than three months old)
- For applications lodged on and after the 1 July 2001 under the General Skills category
  - your qualification(s) and
  - if required, a NZQA assessment of your qualification(s) (see B1), or Certificate of Registration in New Zealand (see B1)
- Police report(s) (less than six months old)
- Evidence of your English language ability (required if you are applying for residence under the General Skills category or see note above at **A56**)

**Failure to provide any of the information requested above may result in your application being returned.**

In addition to the above requirements, please ensure that you provide **all** information requested for the *relevant* category you are applying under i.e. General Skills, Family, Humanitarian.

**Failure to provide any of the information requested for Section B, Section C or Section D may result in your application being returned.**



**B2** **Principal Applicant's New Zealand Qualification** *(for help, see page 15 of the Residence Guide)* Points claimed  
 Are you claiming two points for a New Zealand Qualification?   
**You must submit evidence of your New Zealand qualification and a letter from the Ministry of Foreign Affairs and Trade (MFAT) confirming you did not receive New Zealand Overseas Development Assistance (NZODA) funding.**

**B3** **Work Experience** *(for help, see page 16 of the Residence Guide)* Points claimed  
 How many points are you claiming for work experience?   
**You must submit evidence of your employment history relevant to the qualification for which you are claiming points.**

| Date     | Name and address of employer | Type of business | Position held | Full-time or specify hours per week |
|----------|------------------------------|------------------|---------------|-------------------------------------|
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |

Note: 2 years = 1 point, 4 years = 2 points, 6 years = 3 points, 8 years = 4 points, 10 years = 5 points, 12 years = 6 points, 14 years = 7 points, 16 years = 8 points, 18 years = 9 points, 20 years = 10 points.

Are you claiming exemption from the requirements to gain work experience points because you have a New Zealand qualification? Yes  No

**B4** **Offer of Employment** *(for help, see page 17 of the Residence Guide)* Points claimed  
 Are you claiming 5 points for an offer of employment in New Zealand?

| Name and Address of Employer | Position Offered |
|------------------------------|------------------|
|                              |                  |
|                              |                  |

**You must submit evidence of your employment offer.**

**B5** **Age** *(for help, see page 18 of the Residence Guide)* Points claimed  
 How many points are you claiming for age?   
 Note: 18-24 = 8 points, 25-29 = 10 points, 30-34 = 8 points, 35-39 = 6 points, 40-44 = 4 points, 45-49 = 2 points, 50-55 = 0 points.

## Settlement Factors

The maximum number of points you can score under “Settlement Factors” is 7.

**B6**

### Settlement Funds *(for help, see page 18 of the Residence Guide)*

Points claimed

How many points are you claiming for settlement funds?

**You must submit evidence of your funds including amount and ownership.**

*Note: (net worth after liabilities) 1 point for NZ\$100,000 of settlement funds, 2 points for NZ\$200,000 of settlement funds. A maximum of 2 points can be claimed for settlement funds.*

**B7**

### New Zealand Work Experience *(for help, see page 18 of the Residence Guide)*

Points claimed

How many points are you claiming for work experience, gained lawfully in New Zealand, relevant to the qualification for which you are claiming points?

**You must submit evidence of your New Zealand work experience.**

| Date     | Name and address of employer | Type of business | Position held | Full-time or specify hours per week |
|----------|------------------------------|------------------|---------------|-------------------------------------|
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |
| From / / |                              |                  |               |                                     |
| To / /   |                              |                  |               |                                     |

*Note: 1 year = 1 point, 2 years = 2 points. Provide evidence of your employment history in New Zealand.*

**B8**

### Spouse/Partner’s Qualifications *(for help, see page 19 of the Residence Guide)*

Points claimed

How many points are you claiming for one of your spouse/partner’s qualifications?

**You must submit evidence of your spouse/partners qualifications.**

| Name of qualification | Date obtained | Institution where gained |
|-----------------------|---------------|--------------------------|
|                       |               |                          |
|                       |               |                          |
|                       |               |                          |
|                       |               |                          |

You can be allocated a maximum of 2 points for your spouse or partner’s fully completed qualification(s) that the NZIS accepts as occupying a category and level on the Qualification Table (QT) for which points may be awarded (see B1 above).

Points are awarded for spouse or partner’s qualifications as follows:

|                         |                    |                         |          |
|-------------------------|--------------------|-------------------------|----------|
| Category B Level 7      | 1 point            | Category A Level 7 or 8 | 2 points |
| Category C Level 5 or 6 |                    | Category B Level 8      |          |
| Category D Level 3 or 4 |                    | Category C Level 7      |          |
|                         | Category D Level 5 |                         |          |

**B9**

### Family Sponsorship *(for help, see page 20 of the Residence Guide)*

Points claimed

Are you claiming 3 points for family sponsorship?

**You must submit your endorsed sponsorship form and evidence of your relationship to your sponsor.**

**TOTAL POINTS CLAIMED**

# Section C Family Category Requirement

## Marriage and De Facto Relationships *(for help, see page 21 of the Residence Guide)*

**C1** Are you living in a genuine and stable relationship with a New Zealand citizen or resident partner?  
No  Yes  If yes, complete questions C2, C3 and C4 below.

**C2** What type of relationship are you in? Marriage  De facto   
How long have you been living together in this relationship?   
**You must provide evidence of your relationship.**

**C3** What is your partner's name?  Family name:  Given name:   
**You must provide evidence of your partner's New Zealand immigration or citizenship status.**

**C4** Does your New Zealand partner support your application? Yes  No   
**You must provide a signed and dated letter, from your partner, stating that your partner supports your application for residence.**

## Parents *(for help, see page 22 of the Residence Guide)*

**C5** Are you the parent of a New Zealand citizen or resident?  
No  Yes  If yes, complete questions C6 and C7 below.

**C6** Indicate which statement applies to you.

I have no dependent children and all my children are lawfully and permanently outside the country in which I am lawfully and permanently resident. Yes  No

I have no dependent children, and an equal or greater number of adult children are lawfully and permanently in New Zealand than in any other single country. Yes  No

I have dependent children, and an equal or greater number of adult children are lawfully and permanently in New Zealand than in any other single country, and the number of my dependent children is the same as or less than the number of my adult children lawfully and permanently in New Zealand. Yes  No

Provide evidence of your relationship to each child, and their immigration status.

**C7** Are you sponsored by a New Zealand adult child? Yes  No   
**You must provide your endorsed sponsorship form and evidence of your relationship to your sponsor.**

## Sibling/Adult Child *(for help, see page 23 of the Residence Guide)*

**C8** Are you:  single (including widowed or divorced) with no children of your own and no other immediate family living lawfully and permanently in the same country in which you live lawfully and permanently; and   
 You have a New Zealand citizen or resident parent, brother or sister who is living lawfully and permanently in New Zealand and is prepared to sponsor you.

Provide evidence that your family members are living lawfully and permanently outside their home country. If you were once married please provide evidence that you are now single.

**C9** Are you sponsored by a New Zealand parent, adult brother or adult sister? Yes  No   
**You must provide your endorsed sponsorship form and evidence of your relationship to your sponsor.**

## Dependent Child *(for help, see page 24 of the Residence Guide)*

**C10** Are you aged 17 to 19 years old, single, with no children and the dependent child of a New Zealand citizen or resident? Yes  No

**C11** Are you aged 16 or younger, single, and the dependent child of a New Zealand citizen or resident? Yes  No

# Section D Humanitarian Category Requirements

**D1** Are you or a New Zealand party being caused serious physical harm? *(for help, see page 25 of the Residence Guide)* Yes  No

If **yes**, you must submit an original medical report from a registered medical practitioner, supporting the claim of serious physical harm. Reports must contain the information listed on page 24 of the *Residence Guide* and be no more than three months old when the application is lodged. If you have not submitted a report from a registered medical practitioner, explain why not.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**D2** Are you or a New Zealand party being caused serious emotional harm? *(for help, see page 25 of the Residence Guide)* Yes  No

If **yes**, you must submit an original psychiatric report from a registered psychiatrist, supporting the claim of serious emotional harm. Reports must contain the information listed on page 24 of the *Residence Guide* and be no more than three months old when the application is lodged. If you have not submitted a report from a registered psychiatrist, explain why not.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**D3** You must provide a written, signed statement describing the serious physical harm and/or serious emotional harm which is being caused to you or a New Zealand party. *(for help, see page 26 of the Residence Guide)*

**D4** Do you have a sponsor who is a close family member and a New Zealand citizen or resident? Yes  No

If **yes**, you must submit your endorsed sponsorship form, evidence of your sponsor's immigration status and evidence of your relationship to the sponsor.

**D5** You must provide a written, signed statement describing why the only reasonable solution to the situation (whether including yourself or a New Zealand party) is being granted residence in New Zealand. *(for help, see page 28 of the Residence Guide)*

**D6** Are there medical or psychiatric reasons why the grant of New Zealand residence (whether including yourself or a New Zealand party) is the only solution to the situation? Yes  No

If **yes**, the medical reports or psychiatric reports you have included must comment on why the grant of New Zealand residence is the only solution.

# Section E Declaration

(for help, see page 28 of the *Residence Guide*)

This part must be signed by the principal applicant, spouse/partner and dependent children aged 17 years and over. Make sure you understand the declarations below before you sign them.

## Important

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, my application may be declined, or my residence visa or permit may later be revoked, and that I may also be committing an offence and liable to prosecution.

I understand the notes and questions in this form and I declare the information given about myself, my spouse/partner and any children is true and complete.

I declare that I have listed all my family members including any adopted by custom and understand that the non-declaration of any family members may result in that family member not being recognised as part of my family in future applications.

I declare that I will inform the New Zealand Immigration Service (NZIS) of any relevant fact or any change of circumstances that may: (i) affect the decision on my application for a permit, **or** (ii) affect the decision to grant a permit in reliance on the visa for which I am applying.

I declare that there are no matters or warrants outstanding, or investigations of any kind, which could have any current or future effect on the assessment of my good character or the good character of any other persons included in this application.

I authorise the NZIS to make any enquiries it deems necessary in respect of the information provided on this form and to share this information with other Government agencies. I also consent to any organisation providing relevant information to the NZIS about me.

I authorise the NZIS to provide information about my state of health and my immigration status to any health service agency. I authorise any health service agency to provide information about my state of health to the NZIS.

I accept that any advice given to me by the NZIS before lodging this application was intended to assist me and acting on that does not mean that my application for residence will be granted.

I understand that in order to work in certain occupations in New Zealand registration is required by law. I accept that the grant of residence does not guarantee that registration will be granted.

I have read and understood the information provided by the NZIS regarding the cost of living in New Zealand, found in Section 3 and Section 5 of the booklet, **New Zealand The Facts**, supplied with the *Self Assessment Guide*. I have sufficient personal resources to maintain myself and my dependants for at least my first 24 months as a resident in New Zealand. (This does not apply to Humanitarian category applicants, and Family category applicants whose sponsor has been recognised as a refugee.) The personal resources I will use are: (tick at least one)

- my cash and assets
- a verified definite offer of employment in New Zealand (evidence attached)
- support from family members in New Zealand, verified by attaching the **Sponsorship Form for Residence in New Zealand**, completed by a family member.

I agree that information about my personal resources and contents of this form be provided to Work and Income New Zealand (WINZ) if I apply for an emergency benefit. I understand that I will need to give a copy of this declaration to WINZ if I apply for an emergency benefit.

I understand that I am not entitled to an emergency benefit from WINZ for the first 24 months of my residence in New Zealand unless I am in hardship. I also understand that if I apply for an emergency benefit because of hardship that I will need to show that I cannot support myself and my dependants before the emergency benefit application is considered. I understand that my emergency benefit application may be declined if I have deprived myself of income or property, by gift or any other method.

I understand that if the information provided about my personal resources is inaccurate my permit may be revoked.

Signature of principal applicant

|     |       |      |
|-----|-------|------|
|     |       |      |
| day | month | year |

Signature of spouse/partner (if applicable)

|     |       |      |
|-----|-------|------|
|     |       |      |
| day | month | year |

Signature of parent or guardian if principal applicant is under 17 years of age

|     |       |      |
|-----|-------|------|
|     |       |      |
| day | month | year |

Signature of accompanying dependent children over 17 years of age (if applicable)

|     |       |      |
|-----|-------|------|
|     |       |      |
| day | month | year |

To be completed by any person who has assisted the applicant to complete this form.

Full name of interpreter/authorised representative:

Address of interpreter/authorised representative (include company name, if applicable)

  

I certify that I have completed this and any additional forms at the request of the applicant **and** the applicant understood the content of the form(s) and the answers given and approved them before signing the declaration.

Signature of interpreter/authorised representative

|     |       |      |
|-----|-------|------|
|     |       |      |
| day | month | year |

---

## Payment Details

How you are paying your application fee?

Cash for the required amount

Cheque for the required amount

Electronic direct debit (eg, EFTPOS in New Zealand, SWITCH in the UK)

SWITCH card issue number only:

Credit card - specify type:

Bankcard

Mastercard

Visa

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Name of card holder

Card number

Expiry date

Signature

|     |       |      |
|-----|-------|------|
|     |       |      |
| day | month | year |

How do you want your documents returned to you?

By mail

Collected by you or nominated person

## Matters Required by the Privacy Act

The information about you and your family on this form is being collected so that your eligibility for residence in New Zealand can be properly determined.

The main recipient of the information is the New Zealand Immigration Service of the Department of Labour but it may also be shared with other Government agencies which are entitled to this information under applicable legislation. In particular, Work and Income New Zealand (WINZ) may be given information about your personal resources.

The collection of the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under that Act. The supply of the information is voluntary, but if you do not supply it then your application for residence is likely to be declined.

You have the right to access the information about you held by the New Zealand Immigration Service and to ask for any of it to be corrected if you think that is necessary. The addresses of the New Zealand Immigration Service can be found in the ***Self Assessment Guide***.





# New Zealand

*the right choice*

You can get more information from:

- New Zealand diplomatic and consular offices; or
- Any of our NZIS branch offices, which are located in Auckland, Manukau, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

All New Zealand Immigration forms, leaflets and fee information can be downloaded from the internet, at:  
**<http://www.immigration.govt.nz>**