(to travel to New Zealand or to be in New Zealand to visit)

If you are in New Zealand and applying for a further permit, you need to allow sufficient time for a decision to be made on your application before your current permit expires. If your permit does expire, your application for a further permit does not make your stay in New Zealand lawful or give you the right to remain in New Zealand while your application is being considered.

<u>Limited Purpose Visas and Permits</u> If you decide to apply directly for a Limited Purpose Visa and you are subsequently granted a Limited Purpose Permit, your immigration rights in New Zealand are restricted to fulfilling the express purpose for which you came.

IMPORTANT INFORMATION ABOUT THIS FORM

- Please ensure you have read the Guide for Visiting New Zealand (NZIS 1018) before completing
 this form and please read ALL information carefully to ensure the correct form is being used.
- To enable your application to be accepted you must submit ALL of the documents that apply to you that are set out below. If you do not do so your application will be returned to you.
- We may request additional information to enable your application to be determined. You may also submit other information with this application that you wish to have considered but please DO NOT SUBMIT ORIGINALS of this information as documents will NOT BE RETURNED TO YOU. Please submit photocopies only. If we need to see an original document you will be asked to produce it at a later date.
- All documents must be in English or translated into English.

lives in New Zealand.

When filling in this form, please print clearly using CAPITAL LETTERS.

	1. General requirements	
Applicant to tick	You must include the following ORIGINAL documents (unless otherwise stated). Where you are asked to provide COPIES ONLY you must do so as these documents will not be returned to you.	Office Use Only
	a. A completed, signed application form.	
	 b. The application fee (see our leaflet New Zealand Immigration's Guide to Fees (NZIS 1028), or refer to our website www.immigration.govt.nz). 	
	c. A valid passport or other travel document for each person included in this application valid for at least three months past the date you plan to leave New Zealand.	
	d. A recent passport size photograph for each person included in this application attached to the form at the sections indicated.	
	Please DO NOT send cash or other original evidence of funds or travel tickets with this application. Send COPIES ONLY of these items in the form of photocopies of travellers' cheques/bank draft/letters of credit or a bank statement in your name.	
	 e. Evidence of your financial support while in New Zealand: NZ\$1000 per person per month, or NZ\$400 per person per month and evidence of prepaid accommodation, or A completed <i>Sponsorship Form for Visiting New Zealand</i> (NZIS 1025), guaranteeing your accommodation and maintenance, from a New Zealand citizen/resident friend or relative who 	

	f. Evidence of onward travel from New Zealand:	
	 A valid ticket to a country to which you have right of entry, or 	
	 A completed Sponsorship Form for Visiting New Zealand (NZIS 1025) from a New Zealand citizen/resident friend or relative who lives in New Zealand which guarantees your repatriation from New Zealand, or 	
	 Evidence of sufficient funds in New Zealand to purchase a ticket to a country to which you have the right of entry. 	
	PLEASE NOTE: Any non-refundable travel arrangements are made at your own risk.	
	2. Category-specific requirements	
	Limited Purpose Visa and Permit applicants (questions A26 to A29 of this form) You must supply evidence of the purpose of your visit or for your request for a further permit.	
	Application for the purpose of a culturally arranged marriage (Section B of this form) You must supply the evidence stated in B7 of this form.	
	Partnership-based temporary entry applications (Section H of this form) You must supply the evidence stated in H7 of this form.	
	Legal guardians accompanying students in New Zealand (Section I of this form) You must supply the evidence stated in I1 of this form.	
	Please refer to the <i>Guide for Visiting New Zealand</i> (NZIS 1018) for more details, including the definition of Legal Guardianship.	
	Other Special Visitor Categories Please refer to the <i>Guide for Visiting New Zealand</i> (NZIS 1018) for additional requirements that will need to be submitted with your application.	
_	3. Health requirements	
	a. People who intend to be in New Zealand for more than six months who are from a country, area or territory <u>not</u> listed as a low-incidence tuberculosis (TB) country, area or territory or who have spent more than a total of three months in the past five years in a country, area or territory <u>not</u> listed as a low-incidence TB country, area or territory must complete a <i>Temporary Entry X-ray Certificate</i> (NZIS 1096).	
	 People who intend to be in New Zealand for more than 12 months must complete a <i>Medical and Chest X-ray Certificate</i> (NZIS 1007). 	
	Despite a. and b. above:	
	 Pregnant women and children under 11 years of age are not required to have an X-ray, unless a special report is required. 	
	Please refer to the <i>Health Requirements Leaflet</i> (NZIS 1121) for more details on immigration health policy and a list of low-incidence TB countries, areas and territories.	
	This form may be used by a single applicant or a family (which may include a principal applicant, partner, and dependent children under 20), and may be used to apply for a Visitor's Visa or Permit or a Limited Purpose Visa or Permit.	
	Please indicate:	
	Number of persons included on this form	
	Number of visitor visas applied for on this form	
	Number of limited purpose visas/permits (delete one) applied for on this form.	

Section A Personal details

Name as shown in	passport		
Family:	Given:		
Preferred title M	Ar Mrs Ms	Miss Dr Other (please specify)	Attach one recent passport size photograph of
Other names you a	are known by		yourself here. Write your name on the back.
Your name in ethni	ic script		
Gender Male	Female A6	Date of birth day month year	
Place and country	of birth Place:	Country:	
Passport details	Number:	Country:	
	Expiry Date: day	month year	
Your citizenship			
Other citizenships	currently held		
Do you identify wit	th a particular ethnic grou	p? If so, please specify.	
Partnership status	Married Engaged	Never married Partner Widowed Divorced	Separated
ional inforn	Engaged Engaged	Widowed Divorced	Separated
ional inforn	Engaged nation ease complete for yourself and	Widowed Divorced on behalf of any accompanying family members.	Separated
ional inforn	Engaged nation ease complete for yourself and	widowed Divorced on behalf of any accompanying family members. sidential address and telephone number:	Separated
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rional inforn Principal applicant, ple I may be contacte	Engaged nation ease complete for yourself and ed at this New Zealand res	widowed Divorced on behalf of any accompanying family members. sidential address and telephone number: Email Telephone	Separated
Principal applicant, plo	Engaged nation ease complete for yourself and ed at this New Zealand res	Widowed Divorced on behalf of any accompanying family members. sidential address and telephone number: Email Telephone or contacts I have in New Zealand are:	Separated
Principal applicant, ple I may be contacted Name and address Name	Engaged nation ease complete for yourself and ed at this New Zealand res	widowed Divorced on behalf of any accompanying family members. sidential address and telephone number: Email Telephone	Separated
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Principal applicant, ple I may be contacted Name and address Name	Engaged nation ease complete for yourself and ed at this New Zealand res	Widowed Divorced on behalf of any accompanying family members. sidential address and telephone number: Email Telephone or contacts I have in New Zealand are:	Separated
Principal applicant, plant I may be contacted Name and address Name Address	Engaged nation ease complete for yourself and ed at this New Zealand res	widowed Divorced on behalf of any accompanying family members. sidential address and telephone number: Email Telephone or contacts I have in New Zealand are: Relationship	Separated
Principal applicant, ple I may be contacted Name and address Name Address	Engaged nation ease complete for yourself and ed at this New Zealand res	widowed Divorced on behalf of any accompanying family members. sidential address and telephone number: Email Telephone or contacts I have in New Zealand are: Relationship	Separated
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Principal applicant, ple I may be contacted Name and address Name Address Name Address	Engaged nation ease complete for yourself and ed at this New Zealand res	widowed Divorced on behalf of any accompanying family members. sidential address and telephone number: Email Telephone or contacts I have in New Zealand are: Relationship Relationship	Separated

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ou can chou will als	eck the o be ad ations le			address of an agent in A 15, d	o you authorise that agent to	act on your beha
ou will als ior applica Advice" se	o be ad ations l	e progre		, ,	,	Yes 🗍
Pleas	cuon c	dvised b odged	oy email v at an Im	ur application online by register when your application has been migration New Zealand (INZ) his form).	n decided. (Please note: this	facility is only ava
	se ema	il me in	struction	ns to register to check my app	lication online.	
Please no	te: If yo	ou elec	t an ag	ent to act on your behalf you	ır agent will be sent instru	ctions for online
Agent clie	nt refere	ence fo	r online	enquiry		
ist all per	iods of	employ	yment, ir	ncluding self-employment.		
Date fro (dd/mm/y		Date (dd/mr		Name of employer	Location	Type of work occupation job title
	/	/	/			
	/	/	/			
	/	/	/			
/	/	/	/			
	/	/	/			
	/	/	/			
	New Z	Zealand	I will be	financially supported in the fo	llowing way:	

If requested, please attach a copy of your travel itinerary or air ticket out of New Zealand.

cipal applicant: application details	visitor's visa or permit
DO NOT complete this section if you are applying for a Limite	ed Purpose Visa or Permit (see questions A26 to A29).
I am applying for a Visitor's Visa to travel to New	
I am applying for a Visitor's Permit to be in New 2	
I am applying for a Visitor's Permit and a Visitor's	s Visa as I am already in New Zealand
If applying for a Visitor's Visa: This is the date I will enter or re-enter New Zealand:	day month year
This is the date I will finally depart New Zealand:	
I would like a single journey Visitor's Visa, or	day month year
I would like a multiple journey Visitor's Visa	
Please state the purpose for entering New Zealand or for	r staying longer in New Zealand
If you wish to apply to study or work in New Zealand please use a study	y or work application form.
If applying for a Visitor's Permit :	
This is the date I arrived in New Zealand:	day month year
This is the date I request my Visitor's Permit be valid to:	
This is the date frequesting florer of Sinne se valid to.	day month year
This is the date I will finally depart New Zealand:	
	day month year

Limited purpose visa or permit Complete questions A26 to A29.

DO NOT complete questions A26 to A29 if you are applying for a Visitor's Visa or Permit. Only complete this section if:

• you are travelling to New Zealand for an "express purpose" and you wish to have a Limited Purpose Permit in New Zealand,

Or

 your existing Limited Purpose Permit will not last long enough for you to achieve your "express purpose" and you therefore require a further one.

A26	Principal applicant: application details – limited I am applying for a Limited Purpose Visa to travel to New Zealar	
AZU	I am applying for a further Limited Purpose Permit to be in New	
	You may only apply for a further Limited Purpose Permit if you already further time to achieve the "express purpose".	have a Limited Purpose Permit and you need
	Such permits mean that you are not able to apply for any other type or indefinitely in New Zealand. For general information and a list of "ex <i>on Limited Purpose Visas and Permits</i> (NZIS 1070).	
A27	If your "express purpose" is to study in New Zealand please use the A (NZIS 1012) form.	Application to Study in New Zealand
	Please specify the "express purpose", the date the "express purpose" will be completed below.	se" begins and the date the "express
	"Express purpose" details:	
A28	If applying for a Limited Purpose Visa: This is the date I will enter New Zealand:	day month year
	This is the date I will finally depart New Zealand:	day month year
A29	If applying for a further Limited Purpose Permit: This is the date I arrived in New Zealand on a Limited Purpose Visa:	
	·	day month year
	This is the date I will finally depart New Zealand:	day month year
	Please list the reasons why you require a further Limited Purpose Per	mit:
	Section B Application for the	ne nurnose of a
	culturally arrange	ed marriage
	Complete this section ONLY if you are applying for a visa/permit for t	he purpose of a culturally arranged marriage.
B1	Are you coming to New Zealand for the purpose of entering a marriage identified cultural tradition where the arrangements for the marriage, in of the persons to be married, are made by persons who are not parties	cluding the initial selection
B2	Do you intend to marry within 3 months of your arrival in New Zealand?	Yes No
В3	Do you intend to apply for residence under Immigration New Zealand's	s Partnership Policy? Yes No
	If 'no', please explain why and then go to B5	

If 'no', please explain w		our applicatior		ence?			Yes
Do you agree to leave I three months of your ar			es not take	e place	within		Yes
Please mark the box to	confirm you have	e supplied the	following i	tems:			
evidence that the	person you inten	d to marry is a	New Zeal	and citi	zen or	resident;	and
·	<u>-</u>		_		empor	ary entry	applications (INZ
from the New Zea		•		•	ie: and		
evidence that the	,			Ŭ			
evidence that you	ŭ					marry cor	nply
with the minimum	requirements for	the recognition	n of partne	ership.			
	have ticked 'Ma	rried'. 'Partn	or' or 'Fr	202000	ł'atΔ1	12 muet	complete this sea
cipal applicants who leir partner's personal Name as shown in pas	details, whether						_
eir partner's personal	details, whether			ded in			=
eir partner's personal Name as shown in pas	details, whether	er or not they	are inclu	ded in		pplication	on.
Name as shown in past Family:	details, whether ssport Mrs Ms	er or not they	Give	ded in	your a	pplication	Attach one recent passport size
Name as shown in past Family: Preferred title Mr	details, whether ssport Mrs Ms	er or not they	Give	ded in	your a	pplication	Attach one recent passport size photograph.
Name as shown in past Family: Preferred title Mr Other names they are Name in ethnic script	details, whether ssport Mrs Ms known by	Miss Miss	Give	ded in	your a	pplication	Attach one recent passport size photograph.
Name as shown in past Family: Preferred title Mr Other names they are Name in ethnic script	details, whether ssport Mrs Ms	Miss Miss	Give	other	your a	pplication	Attach one recent passport size photograph.
Name as shown in past Family: Preferred title Mr Other names they are Name in ethnic script	details, whether ssport Mrs Ms known by	Miss Miss	Give	other day	your a	specify)	Attach one recent passport size photograph.
Name as shown in past Family: Preferred title Mr Other names they are Name in ethnic script Gender Male F	details, whether ssport Mrs Ms known by	Miss Miss	Give	other day	your a	specify)	Attach one recent passport size photograph.
Name as shown in past Family: Preferred title Mr Other names they are Name in ethnic script Gender Male F	details, whether ssport Mrs Ms known by	Miss Miss	Give	other day	your a	specify)	Attach one recent passport size photograph.
Name as shown in past Family: Preferred title Mr Other names they are Name in ethnic script Gender Male F Place and country of both Their citizenship	details, whether seport Mrs Ms known by female Dirth Place: Number:	Miss Miss	Give	other day	(please month ountry:	specify)	Attach one recent passport size photograph.
Preferred title Mr Other names they are Name in ethnic script Gender Male F Place and country of b Their citizenship Passport details	details, whether seport Mrs Ms known by Female Dirth Place: Number: Expiry Date: day	C6 Date	Give Dr	other day	(please month ountry:	specify)	Attach one recent passport size photograph.
Preferred title Mr Other names they are Name in ethnic script Gender Male F Place and country of b Their citizenship	details, whether seport Mrs Ms known by Female Dirth Place: Number: Expiry Date: day	C6 Date	Give Dr	other day	(please month ountry:	specify)	Attach one recent passport size photograph.
Preferred title Mr Other names they are Name in ethnic script Gender Male F Place and country of b Their citizenship Passport details	details, whether seport Mrs Ms known by Female Dirth Place: Expiry Date: day rently held	Miss Miss month year	Givel Dr	other day	month ountry:	specify) year	Attach one recent passport size
Preferred title Mr Other names they are Name in ethnic script Gender Male F Place and country of b Their citizenship Passport details Other citizenships curi	details, whether seport Mrs Ms known by Female Dirth Place: Expiry Date: day rently held	Miss Miss month year	Givel Dr	other day	month ountry:	specify) year	Attach one recent passport size photograph.

Dependent children

Family:	hown in passport	Given:		
r arriny.			_	
	C14 Male Fem	ale C	15 Date of birth	day month y
Attach one recent	C16 Country of birth			
passport size photograph.	C17 Passport number			
Write name on ba	Expiry Date:		day month year	
	C18 Country of citizens		you.	
	C19 Other citizenships			
Child's name as sl		,		
Family:		Given:		
	C21 Male Female	C	22 Date of birth	
	C23 Country of birth			day month y
Attach one recent passport size	C24 Passport number			
photograph. Write name on back.	Expiry Date:			
			day month year	
	C25 Country of citizensh	ip		
	C26 Other citizenships cu	urrently held		
Child's name as sh	wn in passport	_		
Family:		Given:		
	C28 Male Female	·	29 Date of birth	day month y
Attach one recent	C30 Country of birth			day monar y
passport size photograph.	C31 Passport number			
Write name on back	Expiry Date:			
		(day month year	
	C32 Country of citizenshi	р		
	C33 Other citizenships c	urrently held		
Child's name as sh	wn in passport			
Family:		Given:		
	C35 Male Female	C	36 Date of birth	day month y
Attach one recent	C37 Country of birth			2.2.,o y
passport size photograph.	C38 Passport number			
Write name on back	Expiry Date:			
	Explity Date.	(day month year	
	C39 Country of citizenshi	р		
	C40 Other citizenships c			

Section D Additional details

If Yes, please list here:					
Name of	applicant		Nationa	l ID number/uniq	ue identifie
Have you or any person included in the	nic application under	takan militany a	onvice in any c	ountry? Voc	☐ No
If Yes, please provide a brief chron		•	•	•	
dates of your/their military service, within the unit(s). Please also list ar application.	your/their position/r	ank, unit(s) tha	at you/they se	rved in, and y	our/their
Name of applicant	Date from (dd/mm/yy)	Date to (dd/mm/yy)	Rank	Unit	Role
	/ /	/ /			
		/ /			
	1 1	1 1			
	/ /	/ /			
Military ID numbers	, ,	, ,			
Military ID numbers Name o	f applicant			Military ID num	nber
Are you or any person included in tobligations in any country?	nis application pres	sently subject t	o military ser	vice Yes	□ No
If No, and you or any person includ	ed in this application	on are a citizen	of a country	in which com	nulsory
military service exists, state below					p a
		an accoriated	I with any inte	elligence	
Have you or any person included in agency or group, or law enforceme		seri associated	•	Yes	l No

D5	Have you or any person included in this application been associated with any group or organisation that has engaged in or promoted the use of violence to further their aims?	Yes	No
	If Yes, please specify:		
D6	Have you or any person included in this application ever committed or been involved in the commission of war crimes, crimes against humanity, and/or human rights abuses? If Yes, please specify:	Yes	No
	Section E Character details		
E1	Have you or any person included in this application been:		
	• convicted	Yes	No
	• charged	Yes	No
	under investigation	Yes	No
	for any offence(s) against the law in any country; or		
	• deported	Yes	No 🔙
	• excluded (refused entry)	Yes	No 🗌
	• removed	Yes	No
	from any country?		
E2	If you have marked Yes to any of the above, please provide details below:		
	Section F Health details		
C 4			
	Are you, or any person included in the application, pregnant?	Yes	No L
F2	Do you, or any person included in the application have:		
F3	pulmonary tuberculosis (TB)?	Yes	No
J	Do you, or any person included in the application, have any medical condition(s) that currently requires, or may require during your intended stay in New Zealand:		
	• renal dialysis?	Yes	No 🗌
	• hospitalisation?	Yes	No 🗌
	• residential care*?	Yes	No 🗌
	*Residential care is long-term care provided in a live-in facility such as an aged person's facility or a facility for people with intellectual or psychiatric disability.	a physical, se	ensory,

	th Requirements Leaflet (Na provide with this application.	•	n aware of the health	Yes No
Are you, or any personal the list of low incident	on included in the application ce TB countries?	from a country that	at is not on	Yes No
	son included in the application ountry that is not on the list of			Yes No
•	d Yes to F5 or F6, please provequirements Leaflet (NZIS 1		For a list of low incide	ence TB countries,
How long do you inte	end to visit in New Zealand?			
Have you submitted a application in the pas	a medical certificate with ano st 24 months?	ther Immigration N	Yes (go	to question F9) to question F10)
Please provide detail	s of the type and date of the	previous applicati	on:	
Type of application:]	Date of application:	day month year
We will advise you it certificate at a later	f we need you to submit fur date.	ther information,	such as tests, repo	rts, or a new
Have you attached a OR	completed Temporary Entry	/ Chest X-ray Ce	rtificate (NZIS 1096)	? Yes No
Have you attached a	completed Medical and Che	est X-ray Certific	ate (NZIS 1007)?	Yes No
	gration visa and permit holders able health providers to docun			

Section G

Financial support while you are in New Zealand

	must answer question G1. Other applicants, go to G2.
G1	I have attached a completed Sponsorship Form for Visiting New Zealand (NZIS 1025) guaranteeing my sponsor will cover the costs for accommodation, maintenance, repatriation and health care. <i>Go to Section J: Declaration</i>
	All other principal applicants must answer questions G2 and G3.
G2	Please tick one of the options below to show what evidence you are providing of financial support in New Zealand.
	I have attached copies (not originals) of evidence that I have NZ\$1000 per month for each person included in this application.
	I have attached copies (not originals) of evidence that I have NZ\$400 per month for each perso included in this application for maintenance, and evidence that our accommodation costs are already paid.
	I have attached copies of evidence that I have NZ\$400 per month for each person included in this application for maintenance, and a completed Sponsorship Form for Visiting New Zealand (NZIS 1025) guaranteeing accommodation.
	I have attached a completed Sponsorship Form for Visiting New Zealand (NZIS 1025) guaranteeing accommodation and maintenance.
	Go to G3.
G3	Please tick one of the options below to show how you will travel out of New Zealand.
	I have attached copies of valid ticket(s) to a country which I have the right to enter.
	I have attached evidence of sufficient funds in New Zealand to purchase a ticket to a country to which I have the right of entry.
	I have attached a completed Sponsorship Form for Visiting New Zealand (NZIS 1025) guaranteeing my repatriation from New Zealand.
	Note: Any non-refundable travel arrangements are made at your own risk

Section H

Partners of New Zealand citizens/residents, and partners of applicants for, or holders of, work or student visas/permits.

Complete this section if your partner is a New Zealand citizen/resident, or the applicant for, or holder of, a student or work visa/permit, and you are applying for a visa/permit on the basis of that partnership. Otherwise, go to Section I: Guardians of students.

	ving in a genuine and stable partnership?	Yes N
If you have answered No, p	please explain why.	
How long have you and you	ur partner been together in this partnership?	
Will your partner be in New	Zealand for the same period of time that you are here?	Yes N
If you have answered No, p		
,	, ,	
Do you meet the minimum	requirements for the recognition of a partnership?	Yes N
questions.	ealand citizen or resident you must answer the follow	_
questions. Do you intend to apply for r	residence under Immigration New Zealand's Partnership No Go to H7	_
questions. Do you intend to apply for r Yes Go to H6	residence under Immigration New Zealand's Partnership	_
questions. Do you intend to apply for r Yes Go to H6 Will your partner be eligible	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence?	Policy?
questions. Do you intend to apply for r Yes Go to H6	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence?	Policy?
questions. Do you intend to apply for r Yes Go to H6 Will your partner be eligible	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence?	Policy?
questions. Do you intend to apply for r Yes Go to H6 Will your partner be eligible	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence?	Policy?
questions. Do you intend to apply for r Yes Go to H6 Will your partner be eligible If you have answered No, p	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence? please explain why.	Policy?
questions. Do you intend to apply for reference Go to H6 Will your partner be eligibled by the second for the	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence? please explain why. er this question	Policy?
questions. Do you intend to apply for reference of the Mill your partner be eligibled by the Mill your partner be answered No, partner be answered No	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence? please explain why. er this question	Policy?
questions. Do you intend to apply for reference Go to H6 Will your partner be eligible. If you have answered No, partner be answered No, partner be answered No, partner be answered.	residence under Immigration New Zealand's Partnership No Go to H7 e to sponsor your application for residence? please explain why. er this question	Policy? Yes N
questions. Do you intend to apply for reference of the second of the se	residence under Immigration New Zealand's Partnership No Go to H7 eto sponsor your application for residence? please explain why. er this question ther you must provide expected Form for Partners Supporting Partnership-Bar	Policy? Yes N

Section I

Guardians of students

Complete this section if you are applying for a visitor's visa/permit to live with and care for an overseas student who requires a guardian to accompany them in New Zealand. Otherwise, go to Section J: Declaration by applicant.

E
ı

I have attached evidence that I am the legal guardian of the student that I am accompanying.

Section J

Declaration

I understand the questions and contents of this form, and the information I have provided is true and correct.

I understand that if, between the time that I make this application and the time it is decided, or between the time I am issued with a visa and the time I travel to New Zealand, any relevant matter relating to the application changes, I am obliged to inform Immigration New Zealand (INZ), a service of the Department of Labour.

I understand I am responsible for making sure I leave New Zealand before my permit expires and that if I do not I may face removal action.

Residents and people holding work permits for a stay of two years or more (and their dependent children) are eligible for publicly funded health and disability services. Other work permit holders, students, and visitor permit holders generally are not eligible. People covered by New Zealand's Reciprocal Health Agreements with Australia and the UK are entitled to publicly-funded health care for immediately necessary medical treatment only. I understand that if not entitled to free treatment, I will pay for any health care or medical assistance I or any person included in my application may require in New Zealand.

I authorise INZ 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 INZ.

I authorise INZ to make any enquiries it considers necessary in respect of information provided on this form in order to make a decision on this application and enquiries about my subsequent immigration status. I authorise any agency which holds information (including personal information) relevant to those matters to disclose that information to INZ.

If granted a permit as a legal guardian accompanying a student, I understand it is a condition of the permit that I live with the student I am accompanying. I understand that my permit and the permit of the student I am accompanying may be revoked if this condition is breached.

If granted a Limited Purpose Permit I understand that I am subject to immediate removal from New Zealand without appeal if I fail to leave New Zealand on or before the expiry date of that Permit.

Signature of principal applicant	day	month	year
Signature of partner	day	month	year
Signature of dependent child	day	month	year
Signature of dependent child	day	month	year
Signature of dependent child	day	month	year

Note: a parent or guardian may sign on behalf of any children aged under 17 years.

Section K

Declaration for person assisting the applicant to complete this form

To be completed and signed by any person who has assisted the applicant to complete this form by explaining, translating or filling in the form for the applicant.

Full name of person assisting	
Address of person assisting	
I understand that after the applicant has signed this form it is an offence to alt material attached to it, or attach any further material to it, unless the person m form what information or material has been altered or attached, why and by who this offence is a fine of up to NZ\$100,000 and/or a term of imprisonment of the state	aking the alteration or addition states on the nom. I understand that the maximum penalty
I certify that I have assisted in the completion of this form and any additional for the applicant understood the content of the form(s) and agreed that the inform declaration. I have assisted the applicant as a:	
lawyer agent, consultant or representative translator	friend or family member
other advisor. Please specify	
Signature of person assisting	

Section L Privacy Act

The information about you on this form is collected to determine your eligibility for a Visitor's Visa or Permit or, as the situation requires, for a Limited Purpose Visa or Permit and may also be used to contact you for research purposes or to advise you on immigration matters. This information may also be used to determine your entitlement to board a flight to come to or return to New Zealand. Your personal information will not be shared with airline check in agents, however a boarding message will be returned to the airline check in agent based on information you have supplied on this form.

The main recipient of the information is Immigration New Zealand of the Department of Labour but it may also be shared with other Government agencies which are entitled to this information under applicable legislation, or with other agencies in accordance with an authority in the form.

The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand. **This is not where your application should be sent.**

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 is likely to be declined.

You will, if you come to New Zealand, have a right to access the information about you held by Immigration New Zealand and to ask for any of it to be corrected if you think that is necessary.

Your application should be sent to your nearest Immigration New Zealand branch or New Zealand Embassy or High Commission.

month year

Section M

More information and advice

You can get more information and advice from:

- New Zealand diplomatic and consular offices.
- Any of our INZ branch offices overseas. We have overseas offices in Apia, Bangkok, Beijing, Hong Kong, Jakarta, London, Moscow, New Delhi, Nuku'alofa, Shanghai, Singapore, Suva, Sydney, Taipei and The Hague
- Any of our INZ branch offices in New Zealand, which are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

All INZ forms, leaflets, and fee information can be downloaded from our website at: www.immigration.govt.nz.

Advance Passenger Screening

- New Zealand has implemented a system designed to enhance the security of New Zealand's borders. You may
 be refused permission to board your flight to come to, or return to, New Zealand if:
 - you do not have an appropriate visa to enter New Zealand; or
 - your visa has expired; or
 - your visa has not been transferred to your current/new passport or the passport being used to enter New Zealand.
- To minimise any disruption to your travel plans please ensure your travel documents are up-to-date and that you have the appropriate and current visa. If you have any questions check **www.immigration.govt.nz.**

Collection Details	
I wish to collect my documents when ready. (Note – this option Auckland region.) Please return all documents to me by "secure" post at the address.	
Section N Payment deta	ils
I am paying (amount) Currency Preferred methods of payment	Application number
Bank Cheque/Bank Draft EFTPOS*	Credit card or SWITCH
*Note the EFTPOS option is not available if lodging application by SWITCH card issue number (in UK only)	y mail. Credit card Mastercard Visa (specify type)
Name of Cardholder	Card number Expiry Date
C.V.C. Number Signature of cardholder	day month year
The following methods of payment can be used but are not re	ecommended for the noted reasons.
Personal Cheque Your application will be held for 10 working of be processed.	lays to ensure the cheque has cleared before it will
Cash should not be sent through the n	nail for security reasons.
Note: • Money Orders are not an acceptable form of payment.	

• Please see our leaflet **New Zealand Immigration's Guide to Fees** (NZIS 1028). All current fees and specific payment instructions for offshore branches can be found on our website at **www.immigration.govt.nz/fees.**