

Application for Visiting New Zealand

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

Application No.

For NZIS Use Only

This form may be used by a single applicant or a family (which may include a principal applicant, spouse, 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 note: 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.

- Number of persons included on this form
- Number of visitor visas applied for on this form
- Number of visitor permits applied for on this form
- Number of limited purpose visas/permits (delete one) applied for on this form.

Please note: 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.

Section A Personal details

Principal applicant

Client 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:
Expiry Date:
day month year

A9 Your citizenship

A10 Other citizenships currently held

A11 Marital status Married Never married De-facto partnership
 Engaged Widowed Divorced

Attach one recent passport size photograph of yourself here. Write your name on the back.

Additional information

Principal applicant, please complete for yourself and on behalf of any accompanying family members.

A12 My Postal address and contact phone number for this application are:

| | |
|----------|------------|
| Address: | Telephone: |
| | Email: |

A13

Name and address of any friends, relatives or contacts I have in New Zealand are:

| | |
|---------|--------------|
| Name | Relationship |
| Address | |
| | |
| Name | Relationship |
| Address | |
| | |
| Name | Relationship |
| Address | |
| | |

A14

I may be contacted at this New Zealand residential address and telephone number:

| | |
|--|-----------|
| | |
| | Telephone |

A15

My residential address in my home country is:

| |
|--|
| |
| |

A16I am employed by, and my regular occupation is:
(Please give name and address of employer. If not employed, please state this.)

| |
|-------------------|
| Employer details: |
| Your occupation: |

A17

My stay in New Zealand will be financially supported in the following way:

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

A18

The arrangement I have made for outward travel from New Zealand is:

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

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

Principal Applicant: Application Details – Visitor’s Visa or Permit

DO NOT complete this section if you are applying for a **Limited Purpose Visa** or **Permit** (see questions A23 to A26)

A19

- I am applying for a Visitor’s Visa to travel to New Zealand, or
- I am applying for a Visitor’s Permit to be in New Zealand, or
- I am applying for a Visitor’s Permit and a Visitor’s Visa as I am already in New Zealand

A20

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:

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

- I would like a **single** journey Visitor’s Visa, or
- I would like a **multiple** journey Visitor’s Visa

A21The purpose of this application is to **visit** New Zealand for:

- General (tourist, or visit friends or family) Business Medical

Other

If you wish to apply to study or work in New Zealand please use a study or work application form.

A22

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:

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

This is the date I will finally depart New Zealand:

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

Limited Purpose Visa or Permit. Complete questions A23 to A26.

DO NOT complete questions A23 to A26 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.

Such permits mean that you are **not** able to apply for any other type of permit in New Zealand or seek to stay longer or indefinitely in New Zealand. For general information and a list of “express purposes” see the *Information Leaflet on Limited Purpose Visas and Permits*.

Principal Applicant: Application Details – Limited Purpose

A23

I am applying for a **Limited Purpose Visa** to travel to New Zealand, or

I am applying for a further **Limited Purpose Permit** to be in New Zealand

(you may only apply for a further Limited Purpose Permit if you already have a Limited Purpose Permit and you need further time to achieve the “express purpose”).

A24

The limited purpose application is for the “**express purpose**” of:

- Attendance at an event such as a wedding, funeral, conference, seminar, graduation, sports tournament or match, religious event, or other significant ceremony; or
- Medical treatment in New Zealand; or
- Family emergencies such as illness or accident affecting a family member or relative of the applicant in New Zealand; or
- “Milestone” events such as reunions or anniversaries; or
- Any other specific purpose other than employment, where the circumstances warrant the issue of a Limited Purpose Visa.

Please specify the “express purpose”, the date the “express purpose” begins and the date the “express purpose” will be completed below.

| |
|----------------------------|
| “Express purpose” details: |
|----------------------------|

A25

If your “**express purpose**” is to study in New Zealand please use the “*Application to Study in New Zealand*” form.

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 |

A26

If applying for a **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 Permit**:

| |
|--|
| |
| |

Spouse/ partner

B1 Name as shown in passport
 Family: Given:

B2 Preferred title Mr Mrs Ms Miss Dr other
 (please specify)

B3 Other names they are known by

B4 Name in ethnic script

B5 Gender Male Female

B6 Date of birth
 day month year

B7 Place and country of birth Place: Country:

B8 Your citizenship

B9 Passport details Number: Country:

B10 Other citizenships currently held

Attach one recent passport size photograph. Write name on back.

Dependent Children

B11 Supply the following details for each dependent child included in this application:

Child's name as shown in passport
 Family: Given:

B12 Male Female

B13 Date of birth
 day month year

B14 Country of birth

B15 Passport number

B16 Country of citizenship

B17 Other citizenships currently held

Attach one recent passport size photograph. Write name on back.

Dependent Child 1

B18 Child's name as shown in passport
 Family: Given:

B19 Male Female

B20 Date of birth
 day month year

B21 Country of birth

B22 Passport number

B23 Country of citizenship

B24 Other citizenships currently held

Attach one recent passport size photograph. Write name on back.

Dependent Child 2

Dependent Child 3

B25 Child's name as shown in passport

Family:

Given:

Attach one recent passport size photograph. Write name on back.

B26 Male Female

B27 Date of birth
day month year

B28 Country of birth

B29 Passport number

B30 Country of citizenship

B31 Other citizenships currently held

Dependent Child 4

B32 Child's name as shown in passport

Family:

Given:

Attach one recent passport size photograph. Write name on back.

B33 Male Female

B34 Date of birth
day month year

B35 Country of birth

B36 Passport number

B37 Country of citizenship

B38 Other citizenships currently held

Section C Health, Character and Declaration Details

C1 Have you or any person included in this application been:

- convicted
- charged
- under investigation

Yes No
 Yes No
 Yes No

for any offence(s) against the law in any country; or

- deported
- excluded (refused entry)
- removed

Yes No
 Yes No
 Yes No

from any country.

If you have marked **Yes** to any of the above. Please provide details below:

C2 Are you, or any person included in the application, currently receiving, or likely to require:

- dialysis treatment, or a consultant physician has indicated that such treatment will be required in the immediate future; or
- treatment for active tuberculosis; or
- treatment for a mental disorder or intellectual handicap that has needed care in a hospital or supervised residence for more than 90 days in the last 2 years; or
- treatment for a physical incapacity that requires full-time care

Yes No
 Yes No
 Yes No
 Yes No

If you have answered **Yes** to any of the above questions, please provide details below:

C3

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 the NZIS.

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.

Only residents or citizens of Australia and the United Kingdom, people holding temporary permits for a stay of 2 years or more, and people approved entry especially for medical treatment, are normally entitled to free use of publicly funded health services in New Zealand. 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 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 authorise NZIS 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 NZIS.

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 spouse

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.

C4

Another person has either completed this form for me, or has helped me to complete it. Their details are:

Full name of interpreter, agent or authorised representative

Address of interpreter, agent or authorised representative

Signature of interpreter, agent or authorised representative

day month year

I certify that I have completed or helped to complete this form at the request of the applicant(s). The applicant(s) understood the content of the form and approved the answers before signing the form.

Payment Details

- I enclose cash for the required amount.
- I enclose a cheque for the required amount.
- I am paying by electronic direct debit (eg EFTPOS).
- Please charge to my Visa/Mastercard: details as follows:

Note: For credit card or personal cheque payments outside New Zealand please check with your nearest diplomatic or consular office.

| Card type | Expiry date | Card number | Name of card holder |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature

day month year

Collection Details

- I wish to collect my documents when ready.
- Please return all documents to me by "secure" post at the address given.