INZ 1056 November 2017



Entrepreneur Residence Application

Entrepreneur Residence Category

Use the guide to help you complete the application form

For help completing this form, please refer to the Entrepreneur Residence Guide (INZ 1057).

Immigration Advisers Licensing Act 2007

Under the Immigration Advisers Licensing Act 2007 it is an offence to provide immigration advice without being licensed or exempt. If your immigration adviser is not licensed when they should be, Immigration New Zealand will return your application. For more information and to view the register of licensed advisers, go to the Immigration Advisers Authority website www.iaa.govt.nz or email info@iaa.govt.nz.

Lawyers provide immigration advice and are exempt from licensing under the Immigration Advisers Licensing Act 2007. For more information and to view the register of immigration lawyers, go to the New Zealand Law Society website www.lawsociety.org.nz.

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

Category you are applying under

There are two streams to the Entrepreneur Residence Category:

- Entrepreneur Residence (2 years) for applicants who have successfully established and operated their business in New Zealand for at least two years.
- Entrepreneur Residence (6 months) for applicants who have:
 - successfully established and run their business for at least six months, and
 - invested at least NZ \$500,000 in the business, and
 - · created at least three ongoing and permanent full time jobs for New Zealand citizens or residents in the business.

Which residence category are you applying under?

Entrepreneur Residence Category (2 years)	Entrepreneur Residence Category (6 months)
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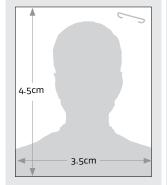
Section A Principal applicant's personal details

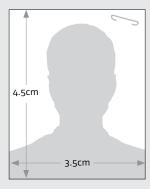
All principal applicants must complete this section.

Attach two passport-size photographs of yourself here. The photographs must be less than six months old. Write your full name on the back of the photographs.

for more information about the questions in this section, see 'Completing' Section A: Principal applicant's personal details' in the Entrepreneur Residence Guide.







A3 Other names you are known by or have ever been known by	
A4 Your name in ethnic script	
A5 Gender Male Female A6 Date of birth DIDJIMIMIJY I Y I Y I Y I Y I Y I Y I Y I Y I Y	
A7 Town/city of birth	
Country of birth	
A8 Other citizenships you hold	
A9 Partnership status	
Married Never married Partner/De facto Separated Widowed Divorced	
A10 Passport details	
Number Country	
Expiry date DIDIMINITY IN ISsue date DIDIMINITY Place of issue	
Family/last name as shown in passport Given/first name(s) as shown in passport	
Section B Contact details	
All principal applicants must complete this section.	
For more information on the questions in this section see 'Completing Section B: Contact details' in the Entrepreneur Residence G	Guide.
Your residential address and telephone number in your home country	
Address	
Telephone (daytime) Telephone (evening)	
Fax Email	
Your New Zealand residential address and telephone number (if you are already in New Zealand)	
Address	
Telephone (daytime) Telephone (evening)	
Fax Email	

Same as address at 🖪 , or 🗌 Same of contact person ganisation name (if applicable) a w Zealand Business Number (fo			Other Other	
ganisation name (if applicable) a	and addre	ess		
	and addre	ess		
	and addre	255		
w Zealand Business Number (fo				
w Zealand Business Number (fo				
help search: www.nzbn.govt.nz	r New Zea	aland businesses	only)	
ephone (daytime)		Te	elephone (evening)	
(Email		
you authorise the person state	d at B ₃ to	o act on your beha	alf?	
<u> </u>	_	•	· ·	ing who work for the
Yes Note: the person identified at B3	will receive	all communication fro	om Immigration New Zealand.	
No Only the person indicated at $oxed{ t B3}$ m	ay act on m	y behalf.		
ve you received immigration ad	vice on th	nis application?		
ı can find a definition of immigration ac	lvice at wwv	w.immigration.govt.nz	z/advice.	
Yes Make sure that your immigration a	adviser com	pletes Section M: Imn	nigration adviser's details.	
No				
ould you like us to email you ins Yes \[\] No	tructions	for registering to	check online how your ap	oplication is progressing?
on C Principal applicant	's family	y details		
	_		not, including those adop	oted legally or by custom.
Parents (biological and adoptive	e). If both pa	rents are deceased, giv	ve details of legal guardians (if an	y) and/or grandparents.
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
	ephone (daytime) you authorise the person state you authorise all other licensed anisation named at B3 to act or yes Note: the person identified at B3 No Only the person indicated at B3 m ye you received immigration ad can find a definition of immigration ac yes Make sure that your immigration ac yes Make sure that your immigration ac yes No On C Principal applicant be details of all your family, whe se not necessary to list deceased the if you do not declare all your family me all family members were not declared, y the esidence. Parents (biological and adoptive	ephone (daytime) you authorise the person stated at B3 to you authorise all other licensed immigration anisation named at B3 to act on your belief. Yes Note: the person identified at B3 will receive. No Only the person indicated at B3 may act on may be you received immigration advice on the can find a definition of immigration advice at wow. Yes Make sure that your immigration adviser come. You like us to email you instructions who you like us to email you instructions. Yes No Principal applicant's family and the details of all your family, whether migration adviser come and family members were not declared, you may be considered. Parents (biological and adoptive). If both pare full name Gender	w Zealand Business Number (for New Zealand businesses help search: www.nzbn.govt.nz ephone (daytime)	w Zealand Business Number (for New Zealand businesses only) Perphone (daytime)

Parents (biological and adoptive). If both parents are deceased, give details of legal guardians (if any) and/or grandparents.				
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Brothers and sisters (including half-, step- and adopted brothers and sisters).				
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
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Children (including biolog	jical, adopto	ed and step-children,	including those from previou	s marriages/relationships)	
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence	Does the person intend to migrate with you? (Y/N)
		/ /			
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Section D Partner's personal details

A partner may be either legally married, or in a civil union, or in a de facto relationship (whether opposite or same sex).

0	For more information on the questions in this section see 'Completing Section D: Partner's personal details' in the Entrepreneur Residence Guide.
here	ch two passport-size photographs of your partner The photographs must be less than six months old. e your partner's full name on the back of the photograph.
D1	Partner's name as shown in passport Family/last name
	Given/first name(s)
D2	Partner's preferred title
	Mr Mrs Ms Miss Dr Other (specify)
D3	Other names your partner is known by or has ever been known by
D4	Partner's name in ethnic script
D5	Partner's gender Male Female D6 Date of birth DIDIMINITY DIE DIE DE
D 7	Partner's town/city of birth
	Partner's country of birth
D8	Other citizenships your partner holds
D9	Passport details
	Number Country
	Expiry date DIDIMINITATION Issue date DIDIMINITATION Place of issue
	Family/last name as shown in passport Given/first name(s) as shown in passport
D10	Is your partner included in this application?
	Yes You must provide evidence of your relationship. See 'Completing Section D: Partner's personal details' of the Entrepreneur/ERB Guide (INZ 1057).
	□ No
D11	How long have you been living together in this partnership? Years Months
D12	Do you meet the minimum requirements for recognition of partnerships? \square Yes \square No

D13	Are you living in a genuine and stable relationship? (entered into with the intention of being maintained on a long-term and exclusive basis) \square Yes \square No
	If you are not living together, please explain.

Section E Partner's family details

Give details of all your partner's family, whether migrating with you or not, including those adopted legally or by custom. It is not necessary to list deceased family members.

Note: if you do not declare all your partner's family members, your residence application could be declined. If you are granted residence and it is later found that all family members were not declared, you may become liable for deportation. In addition, any family members not declared may not be eligible for residence.

Parents (biological and adoptive)	. If both pa	rents are deceased, giv	ve details of legal guardians (if ar	y) and/or grandparents.
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
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		/ /		

Brothers and sisters (including half-, step- and adopted brothers and sisters).				
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
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Children (including biolog	ical, adopte	ed and step-children	, including those from previou	us marriages/relationships)	
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence	Does the person intend to migrate with you? (Y/N)
		/ /			
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Section F Dependent children

Supply the following details for each dependent child included in this application. If you have no dependent children included in this application, go to Section G: Additional details. Please ensure that you complete

F49 (at the end of this section).

Dependent child one

Attach two recent passport-size photographs of the child here. The photographs must be less than six months old. Write the child's full name on the back of the photographs.

F1	Child's name as shown in passport
	Family/last name

Given/first name(s)

- Child's gender Male Female F3 Child's date of birth
- Child's country of birth

4.5cm

3.5cm

F5 Child's passport details

Number

Country Expiry date DIDIMINITY Y

Other citizenships child holds

F7 Partnership status

Married Never married Partner/De facto Separated Midowed Divorced

Does this child have children of his/her own? Yes No

4.5cm

3.5cm

Dep	endent child two	
here	ch two recent passport-size photographs of the child . The photographs must be less than six months old. e the child's full name on the back of the photographs.	
F9	Child's name as shown in passport	4.5cm 4.5cm
	Family/last name	
	Given/first name(s)	3.5cm 3.5cm
F10	Child's gender Male Female F11 Ch	ild's date of birth
F12	Child's country of birth	
F13	Child's passport details	
	Number	
	Country	Expiry date DIDIEMIMICATION
F14	Other citizenships child holds	
F15	Partnership status	
	Married Never married Partner/De facto Sep	parated Widowed Divorced
F16	Does this child have children of his/her own?	No
Dep	endent child three	
here	ch two recent passport-size photographs of the child . The photographs must be less than six months old. e the child's full name on the back of the photographs.	
F17	Child's name as shown in passport	4.5cm 4.5cm
	Family/last name	
	Given/first name(s)	3.5cm 3.5cm
F18	Child's gender	ild's date of birth
F20	Child's country of birth	
F21	Child's passport details	
	Number	
	Country	Expiry date DIDIEMIMICATALE
F22	Other citizenships child holds	
F23	Partnership status. Married Never married Partner/De facto Sep	parated Widowed Divorced
F24	Does this child have children of his/her own?	No

Attac here. Write	endent child four th two recent passport-size photographs of the child The photographs must be less than six months old. the child's full name on the back of the photographs. Child's name as shown in passport Family/last name Given/first name(s)	4.5cm 4.5cm 3.5cm
F26	Child's gender Male Female F27 C	hild's date of birth DIDIMIMINIANIA
F28	Child's country of birth	
F29	Child's passport details	
	Number	
	Country	Expiry date DIDIMINITY IN INTERPRETATION
F30	Other citizenships child holds	
	Partnership status. Married Never married Partner/De facto S	eparated Widowed Divorced
F32	Does this child have children of his/her own?] No
Depe	endent child five	
here.	ch two recent passport-size photographs of the child . The photographs must be less than six months old. e the child's full name on the back of the photographs.	
F33	Child's name as shown in passport	4.5cm 4.5cm
	Family/last name	
	Given/first name(s)	3.5cm 3.5cm
F34	Child's gender	hild's date of birth DIDJIMIMJIYJYJYJY
F36	Child's country of birth	
F37	Child's passport details	
	Number	
	Country	Expiry date DIDIIMIMILY LY LY
F38	Other citizenships child holds	
	Partnership status. Married Never married Partner/De facto S	eparated
F40	Does this child have children of his/her own? Yes]No

Dep	pendent child six
here	ach two recent passport-size photographs of the child e. The photographs must be less than six months old. te the child's full name on the back of the photographs.
F41	Child's name as shown in passport 4.5cm 4.5cm
	Family/last name
	Given/first name(s)
F42	Child's gender Male Female
F44	Child's country of birth
F45	Child's passport details
	Number
	Country Expiry date DIDIMINITY Y
F46	Other citizenships child holds
F47	Partnership status Married Never married Partner/De facto Separated Widowed Divorced
F48	Does this child have children of his/her own?
	e details of any additional dependants on the form <i>Additional Dependants for Residence in New Zealand</i> [1001], and attach it to this page.
F49	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?
	Yes You must provide evidence. See 'Completing Section F: Dependent children' in the Entrepreneur Residence Guide (INZ 1057).
Se	ection G Character requirements
The	following questions apply to every person included in this application 17 years of age and over.
0	For more information about the questions in this section, see 'Completing Section G: Character requirements' in the Entrepreneur Residence Guide.
G1	List the countries you and/or your family have lived in for 12 months or more (whether on one visit or intermittently) in the last 10 years, with the dates you began and ended living there. If you do not know the exact dates you began and ended living in a country, give approximate dates. Please include your home country.
	Name of applicant or family member
	Name of country
	Date of arrival Discrete Discr
	Name of applicant or family member
	Name of country
	Date of arrival Date of departure Date of departure

	Name of applicant or family member
	Name of country
	Date of arrival Date of departure Date of departure
	Name of applicant or family member
	Name of country
	Date of arrival Date of departure Date of departure
	Name of applicant or family member
	Name of country
	Date of arrival Date of departure Date of departure
G2	Have you attached police certificates for each person aged 17 years and over included in your application from all countries you have lived in for 12 months or more in the last 10 years?
	☐ Yes ☐ No
	Have you attached police certificates for each person aged 17 years and over included in your application from your country/countries of citizenship?
	☐ Yes ☐ No
	If you have not provided all of the police certificates required, please explain why.
0	For information on how to obtain a police certificate you can visit our website at www.immigration.govt.nz/policecertificate. If you do not have access to the internet you can call us on 0508 55 88 55 if you are in New Zealand, or (09) 914 4100 if you are in Auckland; or contact your nearest Immigration New Zealand office.
G3	Have you, or anyone included in this application, been convicted at any time of any offence, including any driving offence? Please note that this includes any conviction(s) outside of New Zealand subsequently cleared or wiped by 'clean slate' legislation.
	└─ Yes └─ No
G4	Are you, or is anyone included in this application, currently:
	• under investigation
	 wanted for questioning Yes No facing charges No
	for any offence in any country?
G5	Do you, or does anyone included in this application, currently have an outstanding arrest warrant in any country?
	□Yes □No
G6	Have you, or has anyone included in this application, ever been:
	• excluded
	• refused entry Yes No
	• removed or deported
	from any country, including New Zealand?

G7	Have you, or has anyone included in this application, ever been a member of, or adhered to, any terrorist organisation?
	☐ Yes ☐ No
G8	Have you, or has anyone included in this application, at any time in a public speech or public comments, or public broadcast, or in publicly distributing or publishing a document argued that one race or colour is inherently inferior or superior to another race or colour; or used language intended to encourage hostility or ill will against any person or group of persons on the basis of colour, race, or ethnic or national origins of that person or group?
	☐ Yes ☐ No
G 9	Have you, or has anyone included in this application, been (or currently are) a member of an organisation or group which had objectives or principles based on hostility against people or groups on the basis of colour, race or ethnic/national origins; or an assumption that persons of a particular race or colour are inherently inferior or superior to other races or colours?
	☐ Yes ☐ No
G10	Have you, or has anyone included in this application, had (or currently have) an association with, membership of, or involvement with, any government, regime, group or agency that has advocated or committed war crimes, crimes against humanity and/or other gross human rights abuses?
	☐ Yes ☐ No
	If you have answered yes to any of the questions above give full details. This includes full details of any charges, convictions and the sentence or penalty imposed. Continue on a separate piece of paper if necessary.
Se	
H1	ection H Fit and proper person requirements
	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws?
0	Have all businesses you have had significant influence over complied with all immigration, employment and
0	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or
0	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager.
0	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager.
f)	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details
1	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager.
1	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in
1	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in the course of, or resulting from, business dealings?
H2	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in the course of, or resulting from, business dealings?
H2	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in the course of, or resulting from, business dealings? Yes Provide details No Have you ever been involved in business fraud or financial impropriety?
H2	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in the course of, or resulting from, business dealings? Yes Provide details No
H2	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in the course of, or resulting from, business dealings? Yes Provide details No Have you ever been involved in business fraud or financial impropriety?
H2	Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager. Yes No Provide details Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in the course of, or resulting from, business dealings? Yes Provide details No Have you ever been involved in business fraud or financial impropriety?

Se	ction l Health requirements		
0	For more information on the questions in this section see 'Compland read our leaflet <i>Health Requirements (INZ 1121)</i> .	eting Section I: Health requirements' in the <i>Entre</i>	preneur Residence Guide,
1 1	Have you or any person included in this application, some X-ray Certificate (INZ 1096) that were completed and with another Immigration New Zealand application?		
	Yes Provide details in the table below.		
	No A General Medical Certificate (INZ 1007) and Chest X-ray Cert application. Go to 2.	ificate (INZ 1096) must be provided for every perso	n included in this
	Full name	Type of application	Date application was lodged (DD/MM/YY)
	1.		/ /
	2.		/ /
	3.		/ /
	4.		/ /
	5.		/ /
	6.		/ /
	If everyone included in the application has submitted 36 months you do not need to provide further certification.		ertificate in the last
	 the health status of any applicant has deteriorated any applicant included in your application has sper Certificate was issued, in a country, area or territor Health Requirements (INZ 1121) for further information 	nt six consecutive months since their las y not listed as having a low incidence o	st Chest X-ray
	Otherwise we will tell you if you need any further me	dical information. <i>Go to</i> 2.	
	If not everyone included in the application has submit completed and dated by a medical practitioner within $Go\ to$ 12 .	· · · · · · · · · · · · · · · · · · ·	
12	Tick below as appropriate.		
	☐ I do not have to provide any medical certificates o	r chest X-ray certificates at this stage.	
	☐ I am providing a <i>Medical Certificate(s)</i> for ☐ Principal applicant ☐ Partner ☐ Child(rer	1). Go to 17.	
	☐ I am providing a <i>Chest X-ray Certificate(s) (INZ 109</i> ☐ Principal applicant ☐ Partner ☐ Child(ren). <i>Go t</i>		
I 3	Do you, or does anyone included in this application, l	nave tuberculosis (TB)?	
	Yes Provide details No		

14	Do you, or does anyone included in this application, have any medical condition that requires, or may require, one of the following in New Zealand?
	 Renal dialysis Hospital care Residential care Yes No No
	Residential care is defined as in-patient care for people with psychiatric, sensory or intellectual disabilities or live-in facilities for the aged.
l5	Do you have a dependent child included in this application who requires special education services? See 'Completing Section I: Health requirements' in the Entrepreneur/ERB Guide (INZ 1057) for further information. Yes No
16	If you have answered Yes to any of the questions in 4 and 5 provide details.
17	Tick the option that applies to you: Is a physician submitting your medical and/or chest X-ray certificate to Immigration New Zealand on your behalf? Vos. Was your physician supplied you with an eMedical Reference Code (NZER)?
	Yes Has your physician supplied you with an eMedical Reference Code (NZER)?
	Yes Enter your eMedical Reference Code here:
	No Enter the name of the clinic that is submitting your health information:
	No If the physician has returned the medical and/or chest X-ray certificate to you, then you will need to submit these with your visa application.
Se	ction J English language requirements
_	lish language requirements apply to every person 16 years of age and over who is included in an application er the Entrepreneur Residence Category.
in th	cipal applicants must meet the minimum standard of English. Partners or dependent children included is application may either show that they meet the minimum standard of English or pre-purchase English uage tuition.
J1	Does the principal applicant meet the minimum standard of English? Yes List evidence provided with your application. No Your application cannot be approved.

J2	Partners and dependent children

Name of partner or dependant	Meets minimum standard of English?	
	Yes - list evidence provided with application	No - intends to prepurchase ESOL tuition
		Yes No

Checklist for sections A to J

The Immigration Regulations in New Zealand require that we only accept residence applications for consideration that include the documents below. Complete the following checklist to ensure that you have included all these documents.

OFFICE USE ONLY	Information and documents you must supply	CHECK LIST
	I have completed and signed the application form.	
	I have provided current passport(s) or certificate(s) of identity (the original documents or certified copies) for every person included in this application.	
	I have attached two passport-sized photographs of every person included in this application.	
	I have attached full birth certificate(s) for every person included in this application.	
	I have attached the application fee and immigration levy.	
	I have attached evidence that I (principal applicant) meet the minimum standard of English.	
	I have attached evidence any partner and/or dependent children included in the application meets the minimum standard of English (unless they intend to pre-purchase full ESOL tuition).	
	I have attached evidence of my relationship with my partner and dependent children (if applicable).	
	I have attached evidence that my partner (if applicable) and I meet Partnership Instructions requirements.	
	I or my physician have submitted a General Medical Certificate (INZ 1007) (less than three months old) for every applicant if required.	
	I or my physician have submitted a Chest X-ray Certificate (INZ 1096) (less than three months old) for every applicant if required	
	I have attached police certificate(s) (less than six months old) for every person included in this application.	

Section K Entre	preneur Residence Cate	egory (2 years)		
For more information in the Entrepreneur R	n about the questions in this section Residence Guide.	, see 'Completing Section K: Entr	repreneur Residence Cate	gory (2 years)'
	are applying for an Entrepre ness and operated it for at lea		e basis that you have	e successfully
K1 Have you held or ☐ Yes ☐ No	do you currently hold an Enti	repreneur Work Visa (or Lo	ong Term Business Vi	sa (LTBV))?
	d address of established busi	ness in New Zealand.		
				1
New Zealand Bus For help search: www				
Briefly outline the	e nature of your business and	d the benefits to New Zeal	and.	
K4 What is the owne ☐ Sole trader	rship structure of your busin	ess?		
☐ Partnership☐ Limited liabilit	y company (list your shareho	lding percentage and the	number of sharehold	lers)
Other (specify)				
K5 Shareholding	Number of shareholders	Your sh	nareholding	
Your role/involve	ment in the business			
K7 Number of staff e	employed			
Number of full time permanent employees	Number of part time permanent employees	Number or employees in contract roles	Number of employees on casual contracts	Total number of employees
	orofitable? nce of your business' profitability. Your business has the potential to be	e profitable in the next 12 months	5.	

ess plan submitted with your explain how you have met or epreneur Work Visa/ LTBV	rojections in your original business plan for your Entrepreneur r Entrepreneur Work Visa or LTBV application. List the goals in t r exceeded these goals: How goal has been achieved hment: Entrepreneur Residence (6 months) eur Residence on the basis that you have:
ess plan submitted with your explain how you have met or epreneur Work Visa/ LTBV ssful business establish are applying for Entreprene	r Entrepreneur Work Visa or LTBV application. List the goals in to rexceeded these goals: How goal has been achieved hment: Entrepreneur Residence (6 months)
explain how you have met or epreneur Work Visa/ LTBV ssful business establish are applying for Entreprene	hment: Entrepreneur Residence (6 months)
ssful business establish are applying for Entreprend	hment: Entrepreneur Residence (6 months)
are applying for Entreprend	
	edi Residence on the basis that you have.
isiisiica aria rair your sasiiic	ess for at least six months, and
NZ \$500,000 in the busines	
hree ongoing and permaner	nt full time jobs for New Zealand citizens or residents.
ee 'Completing section L: Suc Apreneur Residence Guide (IN	ccessful business establishment: Entrepreneur Residence NZ 1057).
old an Entrepreneur Work Vi	isa (or Long Term Business Visa (LTBV))?
t operating your business?	DIDJIMIMJEYTYTY
you have included as evider	nce of when you started your business:
provided evidence of the tra you provided earlier and wh	ransfer of your NZ\$0.5 million investment capital to New Zealar nen they were provided:
' pı	rovided evidence of the tr

Provide your Trading name	business details:				
	Business Number www.nzbn.govt.nz Iress				
,					
Provide a des		cablished busi	ness (or the business you	ı have purchased) and	d your role
	wnership structure	e of your busin	ness?		
Sole trade Partnersh Limited lia	ip	t your shareho	olding percentage and the	e number of sharehol	ders)
Other (sp	ecify)				
How many fu	ll time positions fo	r New Zealand	l citizens or residents hav	ve you created in you	r business?
Il time permaner employees	t Part time permai	nent employees	Employees in contract roles	Employees on casual contracts	Total number of ne positions
			of the new full time posit s, Employer Monthly Sche		d, including writt

Number of full time permanent employees	Number of part time permanent employees	Number or employees in contract roles	Number of employees on casual contracts	Total number of employees
	umbers of positions in the bu role, or Employer Monthly Sc			ords and job
How has your bu Entrepreneur wo	siness met or exceeded the pork Visa?	projections in your origina	ıl business plan for you	ır LTBV or
	plan submitted with your En plain how you have met or exc		TBV application. List th	ne goals in that
Goal in Entrepre	eneur Work Visa/ LTBV	Ном	goal has been achieved	

Section M Declaration

This section must be signed by the principal applicant and any partner and dependent children aged 18 years and over who are included in the application. Make sure you understand the declarations below before you sign them.

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 material way after it has been signed, my application for residence may be declined, and I may lose any right of appeal of the decision to decline the application. I may become liable for deportation. I may also be committing an offence and I may be imprisoned.

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

I declare that I have listed all my family members including any adopted by custom and my grandparents or legal guardians (if any) if both my parents are deceased, 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 INZ of any relevant fact or change of circumstances that may (i) affect the decision on my application for a visa, or (ii) affect the decision to grant entry permission based 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 INZ to make any enquiries it deems necessary in respect of the information provided on this form and/ or accompanying documentation, and to share information about me with other government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.

I authorise any agency whether in New Zealand or overseas, including but not limited to border or immigration agencies, education providers, financial institutions, foreign embassies, government authorities, healthcare providers, police or other law enforcement agencies, that holds information (including personal information) related to information on this form and/or accompanying documentation to disclose that information to INZ.

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 accept that any advice given to me by INZ 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 INZ may provide information about my entitlement to work to potential employers via the online VisaView system. VisaView is authorised by legislation.

I understand that if I have received immigration advice from an immigration adviser and if that immigration adviser is not licensed under the Immigration Advisers Licensing Act 2007 when they should be, INZ will return my application.

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

I agree that information about my personal resources and the contents of this form may be provided to the Ministry of Social Development if I apply for an emergency benefit. I understand that I will need to give a copy of this declaration to the Ministry of Social Development if I apply for an emergency benefit.

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

Should my application be approved I agree to participate in an evaluation of the Business Immigration categories for a period of up to five years after the approval of my application. I agree to inform INZ of any changes to my postal/contact address within five years from the date of approval for the purpose of participating in the aforementioned evaluation.

Signature of principal applicant	Date Date
Signature of partner	Date DIDIMIMILYIYIY
Signatures of accompanying dependent chi	ldren over 18 years of age (if applicable)
	Date DID MIMICY I Y I Y
	Date DIDIMINITY Y Y
	Date Date

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witl	s section must be completed by the applicant's immigration adviser. If the applicant has authorised all advisers hin an organisation to act on their behalf at $_{\rm B5}$, only the person named at $_{\rm B3}$ must complete this section. He applicant does not have to be completed.
N1	If you are a licensed adviser, please provide your licence details.
	Licence type
	Licence number 2 0 Go to Section 0: Declaration by person assisting the applicant
N2	If you are exempt from licensing, tick one box below to show why you are exempt from licensing then go to Section O: Declaration by person assisting the applicant.
	☐ I provided immigration advice in an informal or family context only, and I did not provide the advice systematically or for a fee.
	☐ I have provided immigration advice in the course of my work (employed or volunteer) and that work exempts me from the requirement to be licensed. Indicate the reason for your exemption below. ☐ Lawyer with current New Zealand practicing certificate ☐ Community Law Centre ☐ Citizens Advice Bureau
	☐ New Zealand Member of Parliament or staff ☐ New Zealand public servant ☐ Foreign Diplomatic/Consular
	See www.immigration.govt.nz/adviserlicensing for more information about who is exempt from licensing.
Se	ection O Declaration by person assisting the applicant
forr to f	is section must be completed and signed by the applicant's immigration adviser, or by any person who has isted the applicant by providing immigration advice, explaining, translating, or recording information on the mode for the applicant. If the applicant does not have an immigration adviser, and no one helped the applicant ill in this form, this section does not have to be completed. If a are not exempt under the Immigration Advisers Licensing Act 2007, it is an offence for you to provide immigration advice without holding the second Immigration New Zealand will refuse to accept your client's application. More information about immigration adviser licensing can be be advised from the Immigration Advisers Authority website www.iaa.govt.nz, via email info@iaa.govt.nz or by telephone on 0508 422 422.
Nan	ne and address of person assisting applicant. \Box Same as name and address given at \Box , or \Box as below.
Fam	nily/last name Given/first name(s)
Org	anisation name (if applicable) and address
	v Zealand Business Number (for New Zealand businesses only) lelp search: www.nzbn.govt.nz
Tele	phone Email Email
or c or n on t	derstand that after the applicant has signed this form it is an offence for me to change or add further information, hange or add any documents attached to the form, without making a statement identifying what information naterial has been changed, added or attached and by whom. If I make these changes or additions, I must state the form what they were, who made them and the reason they were made.
Lun	derstand that the maximum penalty for this offence is a fine of up to N75100,000 and/or a term of imprisonment

of up to seven years.

I certify that the applicant asked me to help them complete this form and any additional forms. I certify that the
applicant agreed that the information provided was correct before signing the declaration.
I have assisted the applicant as an interpreter/translator
I have assisted the applicant with recording information on the form
I have assisted the applicant in another way. Specify
I have provided immigration advice (as defined in the Immigration Advisers Licensing Act 2007) and my details in Section N: Immigration adviser's details are correct.
Signature of person assisting Date Date
About the information you provide
Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a residence class visa. We may also use the information to contact you for research purposes or to advise you on immigration matters.
Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.
It is an offence to employ a person who is not entitled to work in New Zealand. One way for employers to avoid committing this offence is to check a person's entitlement to work with Immigration New Zealand's online VisaView system. VisaView is authorised by legislation.
If you believe that an employer has been given the wrong entitlement information via VisaView you may contact the Immigration Contact Centre (0508 558 855) to request correction of that information.
Deciding whether you are eligible to board a flight to New Zealand
The information we collect may also be used to determine whether you are allowed to board a flight to New Zealand.
We will not share your personal information with airline check-in agents; however, we will send a boarding message to the airline check-in agent based on the information you have provided in this form.
Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).
You are able to ask for the information we hold about you and have any of it corrected if you think it is necessary. The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. This is not where your application should be sent.
For more information
If you have questions about completing the form:
 see our website www.immigration.govt.nz/contactus telephone our call centre on 0508 558 855 (within New Zealand).
Returning your documents Please return desuments to me by secure post at the
Please return documents to me by secure post at the address given at:
□ B1
□ B2
□ B3

Section P

Paying your application fee and immigration levy

To find out how much the fee and immigration levy is and where to send your application, use our office and fees finder at www.immigration.govt.nz/fees.

Note: some offshore offices do not accept credit cards. The office and fees finder contains information about alternative methods of payment.

Your application fee and immigration levy
Amount you are paying:
Amount
Currency (e.g. NZD, USD, RMB)
Application number (office use only)
Preferred methods of payment
We recommend that you use one of the following methods of payment for better security and faster processing:
Bank cheque/bank draft
Credit card (choose one)
☐ Mastercard ☐ Visa
SWITCH card (UK only)
Name of cardholder
Card number
CVC/CVV number
Note: Your CVC/CVV number is the three-digit number found on the signature strip on the back of your credit card.
Expiry date DIDIMIMICATIVE
Signature of cardholder
Date DIDIMIMINIAN A
Other methods of payment
Personal cheque. Note that we will hold your application for 10 working days to allow the cheque to be cleared.
Cash. Our New Zealand offices do not accept cash. Most of our offices outside New Zealand do not accept cash.
We do not accept money orders.



