| OFFICE USE ONLY Client no.: | Date red | ceived: / / | / Application no.: | | | | | | |
|---|---|---------------------|---|--|--|--|--|--|--|
| May 2019 | | | INZ 1000 | | | | | | |
| NEW ZEALAND | | | Residence Application | | | | | | |
| IMMIGRATION | under Family Category, Resi | idence from Wo | ork Category, and special instructions | | | | | | |
| | p you complete the applicat | | | | | | | | |
| For help completing this | form, please refer to the <i>Residence</i> | e Guide (INZ 1002 | 2). | | | | | | |
| Immigration Advisers | Licensing Act 2007 | | | | | | | | |
| _ | —————————————————————————————————————— | • | de immigration advice without being hould be, Immigration New Zealand will | | | | | | |
| For more information an www.iaa.govt.nz or emai | _ | advisers, go to the | e Immigration Advisers Authority website | | | | | | |
| | Lawyers provide immigration advice and are exempt from licensing under the Immigration Advisers Licensing Act. 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 | n, please write clearly in English | using CAPITAL LE | ETTERS. | | | | | | |
| Residence category/in | structions you are applying (| under | | | | | | | |
| Which residence category a | re you applying under? | | | | | | | | |
| ☐ Family | Pacific Access Category | ☐ Refugee Fan | mily Support Category | | | | | | |
| Residence from WorkSouth Island Contribution | Samoan Quota Scheme On Other (Specify) | ☐ Employees o | of a Relocating Business Category | | | | | | |
| If you are applying under the following question. | ne Family: Partnership Category or | the Family: Deper | endent Child Category, answer the | | | | | | |

| Which residence category are you applying under? | | | | | | | | | |
|--|---------------------------|---|--|--|--|--|--|--|--|
| ☐ Family | ☐ Pacific Access Category | Refugee Family Support Category | | | | | | | |
| Residence from Work | Samoan Quota Scheme | ☐ Employees of a Relocating Business Category | | | | | | | |
| ☐ South Island Contribution | Other (Specify) | | | | | | | | |
| If you are applying under the Family: Partnership Category or the Family: Dependent Child Category, answer the following question. | | | | | | | | | |
| Is your partner or parent an expatriate New Zealander? | | | | | | | | | |

An 'expatriate New Zealander' is a New Zealand citizen or resident class visa holder, who has been living outside of New Zealand for at least two years before the date of this application (apart from short visits back to New Zealand).

For partnership applications, the New Zealand partner and principal applicant must:

- have been living together for 12 months or more at the time of lodgement of the application;
- be in a genuine and stable relationship; and
- be able to provide evidence to support the above.



| Se | ction A Principal applicant's personal details |
|------------|---|
| All p | rincipal applicants must complete this section. |
| The | ch two passport-size photographs of yourself here. photographs must be less than six months old. e your full name on the back of the photographs. |
| 0 | For more information about the questions in this section, see 'Completing Section A: Principal applicant's personal details' in the Residence Guide. 4.5cm |
| A1 | Name as shown in passport |
| | Family/last name |
| | |
| | Given/first name(s) |
| | |
| A2 | Preferred title Mr Mrs Ms Miss Dr Other (specify) |
| A3 | Other names you are known by or have ever been known by |
| | |
| A4 | Your name in ethnic script |
| | |
| A 5 | Gender Male Female A6 Date of birth DIDIMIMICALLY |
| A 7 | Town/city of birth |
| | Country of birth |
| A8 | Other citizenships you hold |
| A9 | Partnership status: Single Separated Partner/De facto Divorced Married/in civil union Engaged Widowed |
| 0 | For definition of partner, see 'Completing Section D: Partner's personal details' in the Residence Guide. |
| A10 | What is your main occupation? |
| A11 | Details of all passports held |
| | Passport 1 |
| | Number Country |
| | Expiry date DIDJMMJJYJYJYJY Issue date DIDJMMJJYJYJYJY Place of issue |
| | Family/last name as shown in passport Given/first name(s) as shown in passport |
| | |

| | Passport 2 |
|------------|---|
| | Number Country |
| | Expiry date DIDIMINITY Issue date DIDIMINITY Place of issue |
| | Family/last name as shown in passport Given/first name(s) as shown in passport |
| | |
| | Passport 3 |
| | Number Country |
| | Expiry date DIDIMINITY Issue date DIDIMINITY Place of issue |
| | Family/last name as shown in passport Given/first name(s) as shown in passport |
| | |
| Se | ction B Contact details |
| | orincipal applicants must complete this section. |
| 0 | For more information on the questions in this section see 'Completing Section B: Contact details' in the Residence Guide. |
| B 1 | Your residential address and telephone number in your home country |
| | Address |
| | |
| | Telephone (daytime) Telephone (evening) |
| | Fax Email |
| B2 | Your New Zealand residential address and telephone number (if you are already in New Zealand) |
| | Address |
| | |
| | Telephone (daytime) Telephone (evening) |
| | Fax Email |
| В3 | Name and address for communication about this application |
| | Same as address at B, or Same as address at 2, or Other |
| | Name of contact person |
| | Organisation name (if applicable) and address |
| | |
| | New Zealand Business Number (if applicable) For help search: www.nzbn.govt.nz |
| | Telephone (daytime) Telephone (evening) |
| | Fax Email |
| | |

| B4 | Do you authorise the person stated at 🖪 to act on your behalf? 🗌 Yes 🔲 No |
|----|--|
| B5 | Do you authorise all other licensed immigration advisers or persons exempt from licensing who work for the organisation named at B3 to act on your behalf (if applicable)? |
| | Yes Note: the person identified at B ₃ will receive all communication from Immigration New Zealand. |
| | No Only the person indicated at B3 may act on my behalf. |
| В6 | Have you received immigration advice on this application? |
| 0 | You can find a definition of immigration advice at www.immigration.govt.nz/advice. |
| | Yes Make sure that your immigration adviser completes Section R: Immigration adviser's details. |
| | □No |
| | |
| Se | ction C Principal applicant's family details |

- Give details of all your family, whether migrating with you or not, including those adopted legally or by custom. It is not necessary to list deceased family members.
- for definition of partner, see 'Completing Section D: Partner's personal details' in the Residence Guide.

Note: if you do not declare all your 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 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 | | | | |
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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 biologica | Children (including biological, adopted and step-children, including those from previous 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 | l details |
|-----------|---------------------|-----------|
| Jection D | raithei 3 pei 3011a | ı uctanı |

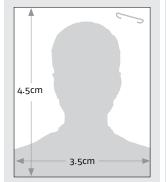
A partner may be either legally married, or in a civil union, or in a de facto relationship (whether opposite or same sex).

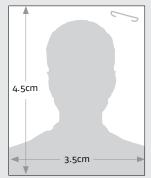
for more information on the questions in this section see 'Completing Section D: Partner's personal details' in the Residence Guide.

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

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)

Other names your partner is known by or has ever been known by

Partner's name in ethnic script

Partner's country of birth

Partner's gender Male Female D6 Date of birth DD Date of birth

Partner's town/city of birth

Other citizenships your partner holds

| D9 | Details of all passports held by your partner | | | | | | | |
|-----|--|---|--|--|--|--|--|--|
| | Passport 1 | | | | | | | |
| | Number | Country | | | | | | |
| | Expiry date DIDIMIMILY IN IT ISSUE date DIDIMIM | JLY LY LY LY Place of issue | | | | | | |
| | Family/last name as shown in passport | Given/first name(s) as shown in passport | | | | | | |
| | Passport 2 | | | | | | | |
| | Number | Country | | | | | | |
| | Expiry date DIDIMIMITY Y I Issue date DIDIMIM | | | | | | | |
| | Family/last name as shown in passport | Given/first name(s) as shown in passport | | | | | | |
| | Passport 3 | | | | | | | |
| | Number | Country | | | | | | |
| | Expiry date DIDIMIMINIAN ISsue date DIDIMIM | JLY LY LY 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 as described in Residence Guide (INZ 1002). | 'Completing Section D: Partner's personal details' in the | | | | | | |
| | | | | | | | | |
| Se | ction E Partner's family details | | | | | | | |
| E1 | Give details of all your partner's family, whether migration or by custom. It is not necessary to list deceased family | | | | | | | |
| 0 | For definition of partner, see 'Completing Section D: Partner's persona | ol details' in the Residence Guide. | | | | | | |
| | Note: if you do not declare all your partner's family members, your res and it is later found that all family members were not declared, you may not declared may not be eligible for residence. | · · · | | | | | | |
| | | | | | | | | |

| 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 | | | | |
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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 biologic | al, adopted a | and step-ch | ildren, inc | luding those from previous | marriages/relationship | os). |
|------------------------------|-----------------|-----------------|-------------|---|------------------------|---|
| Full name | Gender (M/F) | Date o (DD/M | | 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. Please ensure that you complete [44] (at the end of this section). If you have no dependent children included in this application, go to Section G Character requirements.

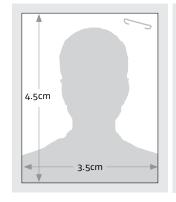
for more information on the questions in this section see 'Completing Section F: Dependent children' in the Residence Guide.

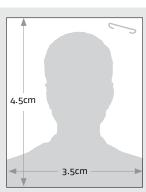
Dependent child one

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.

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

Child's passport details

Number

Expiry date DIDIIMIMINITY IN IN Country

Other citizenships child holds

Partnership status For a definition of partnership, see Completing Section D: Partner's personal details' in the Residence Guide (INZ 1002). A person is single if they are not living with a partner in a genuine and stable partnership.

Single Separated Married/in civil union Engaged

Partner/De facto Widowed

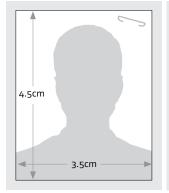
Divorced

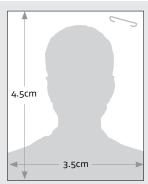
Does this child have children of his/her own? Yes No

Dependent child two

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.

Child's name as shown in passport Family/last name Given/first name(s)





F11 Child's date of birth

Child's country of birth

| F13 | Child's passport details | |
|------|---|--|
| | Number | |
| | Country | Expiry date DIDIMIMITY IN INTERPRETATION |
| F14 | Other citizenships child holds | |
| F15 | Partnership status | |
| | ☐ Single ☐ Separated ☐ Married/in civil union ☐ Engaged | ☐ Partner/De facto ☐ Divorced ☐ Widowed |
| F=6 | | □ Widowed |
| F16 | Does this child have children of his/her own? | |
| Dep | pendent child three | |
| here | ach two recent passport-size photographs of the child e. The photographs must be less than six months old. 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 | nild's date of birth DIDIMIMICYIYIYIY |
| F20 | Child's country of birth | |
| F21 | Child's passport details | |
| | Number | |
| | Country | Expiry date DIDIMIMINITY IN INTERPRETATION |
| F22 | Other citizenships child holds | |
| F23 | Partnership status | |
| | ☐ Single ☐ Separated | Partner/De facto Divorced |
| | ☐ Married/in civil union ☐ Engaged | ☐ Widowed |
| F24 | Does this child have children of his/her own? Yes | No |

| Dep | endent child four | |
|------|---|--|
| 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. | |
| F25 | Child's name as shown in passport | 4.5cm 4.5cm |
| | Family/last name | |
| | | |
| | Given/first name(s) | 3.5cm 3.5cm |
| F26 | Child's gender Male Female F27 Ch | ild's date of birth DIDIIMIMILY LY LY |
| F28 | Child's country of birth | |
| F29 | Child's passport details | |
| | Number | |
| | Country | Expiry date DIDIMIMICATION |
| F30 | Other citizenships child holds | 1 |
| F31 | Partnership status | |
| | ☐ Single ☐ Separated | ☐ Partner/De facto ☐ Divorced |
| | ☐ Married/in civil union ☐ Engaged | ☐ Widowed |
| F32 | Does this child have children of his/her own? $\ \square$ Yes $\ \square$ | No |
| Dep | endent child five | |
| | 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 Male Female | F35 Child's date of birth DIDIMINITY Y |
| F36 | Child's country of birth | |
| F37 | Child's passport details | |
| | Number | |
| | Country | Expiry date DIDIMIMICALA EXPIRE |
| F38 | Other citizenships child holds | |
| F39 | Partnership status | |
| | ☐ Single ☐ Separated | ☐ Partner/De facto ☐ Divorced |
| | ☐ Married/in civil union ☐ Engaged | ☐ Widowed |
| F40 | Does this child have children of his/her own? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | No |

| Dep | endent c | hild six | | | | |
|------|------------|---|---------------------------|-----------------------|-------------------|---------------------------|
| here | . The phot | cent passport-size photogra tographs must be less than d's full name on the back of | six months old. | | | |
| F41 | Child's na | ame as shown in passport st name | | 4.5cm | | 4.5cm |
| | Given/fire | st name(s) | | 3 | 3.5cm | 3.5cm |
| F42 | Child's ge | ender 🗌 Male 🔲 Female | | F43 Child's da | te of birth DID |) M M Y Y Y Y |
| F44 | Child's co | ountry of birth | | | | |
| F45 | Child's pa | assport details | | | | |
| | Number | | | | | |
| | Country | | | Expiry date | DIDIMIMIYIY | I Y I Y |
| F46 | Other citi | zenships child holds | | | | |
| F47 | Partnersh | nip status | | | | |
| | ☐ Single | ! | Separated | □ F | Partner/De facto | Divorced |
| | ☐ Marrie | ed/in civil union | Engaged | □ v | Widowed | |
| F48 | Does this | s child have children of his/h | er own? 🗌 Yes 🗌 | No | | |
| | | f any additional dependan d attach it to this page. | ts on the form Addi | tional Dependar | nts for Residenc | ce in New Zealand |
| F49 | | separated or divorced from t not included in this applicati | | he above childro | en or is the pare | ent of any of the above |
| | Yes Yo | u must provide evidence. See 'Com | pleting Section F: Depend | lent children' in the | Residence Guide. | |
| | □No | | | | | |

Section 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 Residence Guide. |
|------------|---|
| G 1 | List the countries you and/or your family have lived in for 12 months or more in (whether on one visit or intermittently) 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 Description Date of departure Description Date of departure |
| | Name of applicant or family member |
| | Name of country |
| | Date of arrival Description Date of departure Description 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 Description Date of departure Description 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 (whether on one visit or intermittently) 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. |
| | |
| | |
| | |
| | Applicants under the Partnership or Dependent Child Categories only: if a police certificate is not attached to this application because it was previously submitted with a temporary entry visa application, provide details. The certificate must be less than 24 months old when this application is lodged. |
| | Name of applicant or family member |
| | Type of application Date of application |
| | Name of applicant or family member |
| | Type of application Date of application |
| | Name of applicant or family member |
| | |

| | Type of application | | | Date of application | DIDI[M M][Y Y Y Y |
|------------|--|--|---|---|--|
| | Name of applicant or | r family member | | | |
| | Type of application | | | Date of application | DIDIMIMITYIYIY |
| Ø | | et you can call us on | ificate you can visit our website at ww 0508 55 88 55 if you are in New Zealar | | |
| G3 | offence? Please note to | | application, been convicted at a conviction(s) outside of New Zealand s | | |
| | ∐Yes ∐No | | | | |
| G4 | Are you, or is anyone | included in this | application, currently: | | |
| | under investigatiowanted for questicfacing charges | oning Yes | □ No□ No□ No | | |
| | for any offence in an | y country? | | | |
| G5 | Do you, or does anyo | one included in th | nis application, currently have a | an outstanding arrest wa | irrant in any country? |
| G6 | Have you, or has any | one included in t | this application, ever been: | | |
| | excluded refused entry removed or deport | | □No | | |
| | from any country, ex | .cluding New Zea | land? | | |
| G 7 | Have you, or has any any terrorist organis Yes No | | chis application, ever been a me | ember of, or adhered to, | |
| G8 | broadcast, or in pub inferior or superior t | licly distributing o another race o | chis application, at any time in a l or publishing a document, arg r colour; or used language inter ne basis of colour, race, or ethni | gued that one race or co nded to encourage hosti | lour is inherently lity or ill will against |
| G 9 | group which had obj | ectives or princip nal origins; or an | this application, been (or currenct) bles based on hostility against assumption that persons of a p | people or groups on the | basis of colour, |
| G10 | of, or involvement w | ith, any governm | chis application, had (or current nent, regime, group or agency t er gross human rights abuses? | | |

| detail | have answered yes to any of the questions in this section, provide full details below. This includes full s of any charges, convictions and the sentence or penalty imposed. Continue on a separate piece of paper essary. |
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| ection | Health requirements |
| Certif | you or any other person included in this application submitted a medical certificate (<i>General Medical icate (INZ 1007)</i> or <i>Limited Medical Certificate (INZ 1201)</i> and <i>Chest X-ray Certificate (INZ 1096)</i>), completed ated by a medical practitioner within the last 36 months with another Immigration New Zealand application? |
| ☐ Yes | Provide details in the table below |
| □No | A medical certificate (General Medical Certificate (INZ 1007) or Limited Medical Certificate (INZ 1201)) and Chest X-ray Certificate (INZ 1096) must be provided for every person included in this application. Go to H2 |
| | Limited Medical Certificate (INZ 1201) <i>may only be completed by applicants applying for residence as the partner or dependent child w Zealand citizen or resident.</i> |
| | |

| 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 a medical certificate and chest X-ray certificate in the last 36 months you do not need to provide further certificates now, unless:

- the health status of any applicant has deteriorated since their previous medical certificate was issued, or
- any applicant included in your application has spent six consecutive months since their last *Chest X-ray Certificate (INZ 1096)* was issued, in a country, area or territory not listed as having a low incidence of TB (see the leaflet *Health Requirements (INZ 1121)* for further information).

Otherwise we will tell you if you need any further medical information. Go to H2.

If not everyone included in the application has submitted medical certificates that were completed and dated by a medical practitioner within the last 36 months, they will have to provide certificates now. Go to H_2 .

| H2 | Tick the option(s) below which applies to you: |
|----------|---|
| | I do not have to provide any medical certificates or chest X-ray certificates at this stage. Go to H4 I am providing a Medical Certificate(s) for principal applicant partner child(ren). Go to next section I am providing a Chest X-ray Certificate(s) (INZ 1096) for principal applicant partner child(ren). Go to next section A physician is submitting a medical and/or X-ray certificate for principal applicant partner child(ren). Go to H3 |
| Н3 | Has the physician submitting your medical and/or X-ray certificates supplied you with an eMedical Reference Code (NZER)? |
| | Yes Enter your eMedical Reference Code(s) here: |
| | No Enter the name of the clinic submitting your health information:Go to next section |
| | If the physician has returned the medical and/or X-ray certificate to you then you will need to submit these with your application. |
| H4 | Do you, or does anyone included in this application, have tuberculosis (TB)? \square Yes \square No |
| Н5 | Do you, or does anyone included in this application have any medical condition that requires, or may require, one of the following during your stay in New Zealand? • Renal dialysis |
| H6 H7 | Do you have a dependent child included in this application who requires special education services? (See Completing Section H: Health requirements in the Residence Guide (INZ 1002) for further information). Yes No If you have answered Yes to any of the questions in H4 to H6, provide further details. |
| | |
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| | |

Checklist for sections A to H

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 (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 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 or my physician have submitted a Limited Medical Certificate (INZ 1201) (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. | |

Sections I to R set out the information and documents required for your application to be considered under the Residence from Work Category, Family Category, Refugee Family Support Category, Pacific Access Category, Samoan Quota Scheme, or Employees of a Relocating Business Category. You must provide ALL the information requested for the category you are applying under as outlined in the *Residence Guide (INZ 1002)*.

Failure to provide any of the documents outlined above or the information required for Sections J to P may result in your application being returned.

- If you are applying under Residence from Work Category (including the South Island Contribution resident visa) go to Section I: Residence from Work Category.
- If you are applying under Family: Partnership Category go to Section J: Family: Partnership Category.
- If you are applying under Family: Dependent Child Category go to Section K: Family: Dependent Child Category.
- If you are applying under Refugee Family Support Category go to Section L: Refugee Family Support Category.
- If you are applying under Pacific Access Category go to Section M: Pacific Access Category.
- If you are applying under Samoan Quota Scheme go to Section N: Samoan Quota Scheme.
- If you are applying under Employees of a Relocating Business Category go to Section O: Employees of a Relocating Business Category

| Se | ection I Residence from W | ork Category | |
|----|---|--|---|
| 0 | For more information about the question | s in this section, see Completing Section I: R | esidence from Work Category in the Residence Guide. |
| l1 | Which Work to Residence option | below was your work visa approved | l for? |
| | ☐ Long Term Skill Shortage List | ☐ Talent (Accredited Employer) | ☐ Talent (Arts and Culture) |
| | ☐ Talent (Sports) | Religious Worker | South Island Contribution |
| 12 | Are you currently in New Zealand? | | |
| | ☐Yes | | |
| | No You must be in New Zealand to loo | dge a residence application under the Reside | ence from Work Category. |
| l3 | What date was your work visa fire | st granted? (If your work visa was g | ranted while you were outside New Zealand |
| | give the date you first arrived in N | New Zealand on that visa.) | MILYIYIY |
| 14 | What is the expiry date of your w | ork visa? | |
| 15 | Have you held a Talent, South Isla 24 months? Yes No | nd Contribution, or Long Term Skill | Shortage List work visa for at least |

English language requirement for partner and dependants and Religious Worker applicants

| Partners and dependent children aged 16 prepurchase ESOL tuition. | and over are required to meet English language re | equirements or |
|--|---|--|
| • • | d in applications for a South Island Contribution reents or prepurchase ESOL tuition. | sident visa do not |
| Indicate how your partner or dependent c | hild(ren) aged 16 or over will meet English languagen. Write "N/A" or "not applicable" if no one else a | |
| For more information, see our leaflet English Langua | age Information (INZ 1060). | |
| Name of partner or dependant | Meets minimum standard of English? | |
| | Yes - list evidence provided with application | No - intends to prepurchase ESOL tuition |
| | | Yes No |
| n Term Skill Shortage List, Talent (Accredited Employer nt (Arts, Culture and Sports) applicants go to 112. |), and South Island Contribution applicants go to l8 . | |
| gious Worker applicants go to 115. | | |
| be completed by Long Term Skill Shontribution applicants | ortage List, Talent (Accredited Employer), | |
| | r Long Term Skill Shortage List, Talent (Accredited | |
| Give details of your employer(s) since you | = | |
| Give details of your employer(s) since you Island Contribution work visa was granted Employer one | d. | |
| Give details of your employer(s) since you Island Contribution work visa was granted Employer one From DIDIMINITY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | = | |
| Give details of your employer(s) since you Island Contribution work visa was granted Employer one | d. | |
| Give details of your employer(s) since you Island Contribution work visa was granted Employer one From DIDIMINITY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | d. | |
| Give details of your employer(s) since you Island Contribution work visa was granted Employer one From DIDIMINITY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | d. | |
| Give details of your employer(s) since you Island Contribution work visa was granted Employer one From DIMINITY Y TO D Name and address of employer New Zealand Business Number | d. | |
| Give details of your employer(s) since you Island Contribution work visa was granted Employer one From DIDIMINITY Y TO D Name and address of employer New Zealand Business Number For help search: www.nzbn.govt.nz | d. | |

| Contact name and position | | |
|--|--|--|
| Telephone (daytime) Fax | | |
| Email | | |
| Employer two | | |
| From DIDIMINITY TO DIDIMINITY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| New Zealand Business Number For help search: www.nzbn.govt.nz | | |
| Type of business | | |
| Position held | | |
| Base salary \$ | | |
| Contact name and position | | |
| Telephone (daytime) Fax | | |
| Email | | |
| If you have more employer details to provide, please include them on a separate sheet. | | |
| Is registration required in New Zealand to practise in the occupation you are employed in? Yes Do you have a current registration certificate? Yes No No | | |
| Talent (Accredited Employer) applicants only. Have you been employed by an accredited employer (or another INZ-approved employer) in New Zealand for at least 24 months? Yes No | | |
| Long Term Skill Shortage List applicants only. Have you been employed in an occupation on the Long Term Skill Shortage List for at least 24 months? | | |
| ☐ Yes ☐ No | | |
| South Island Contribution applicants only. Have you been employed in a full-time role of at least 30 hours per week, in the region and industry that was specified on your visa? | | |
| ☐ Yes ☐ No | | |
| Evidence you must provide | | |
| | | |

Attach evidence (see the Residence Guide) of:

- employment in New Zealand since you were granted your Long Term Skill Shortage List, Talent (Accredited Employer), or South Island Contribution work visa
- full or provisional New Zealand registration if registration is required for your occupation (refer to the Long Term Skill Shortage List)
- For Long Term Skill Shortage and Talent (Accredited Employer) applicants only: current ongoing employment that meets the NZ\$55,000 minimum base salary requirement (per annum)
- For South Island Contribution applicants only: current ongoing employment or an offer of employment in the region and industry specified on your South Island Contribution work visa.

Long Term Skill Shortage, Talent (Accredited Employer) and South Island Contribution applicants go to Section P: Declaration.

| То | be completed by Talent (Arts, Culture and Sports) applicants |
|-------------|--|
| l 13 | Have you attached a <i>Talent (Arts, Culture and Sports) Sponsorship Form (INZ 1091)</i> sponsoring you for residence? Yes \sum No |
| 114 | Have you or any person included in this application applied for or been granted any form of welfare assistance or benefits in New Zealand since you were granted your Talent work visa? Yes No |
| 115 | Do you consent to INZ seeking confirmation from Work and Income that you have not applied for or been granted welfare assistance or benefits during this time? (If No , your application may be declined.) Yes \sum No |
| Evi | dence you must provide |
| Also | o attach evidence (see the <i>Residence Guide</i>) of: |
| of | ctive engagement in your field over a period of 24 months in New Zealand including a completed Summary f Earnings form from the IRD |
| • | our continued prominence in your field |
| | ow your continued presence in New Zealand will enhance New Zealand's accomplishments and participation arts, culture or sport. |
| Taler | nt (Arts, Culture and Sports) applicants go to Section P: Declaration |
| То | be completed by Religious Worker instructions applicants |
| 116 | Have you been employed by a religious organisation as a religious worker on a Religious Worker work visa for at least three years? |
| | ☐ Yes ☐ No |
| 1 17 | Have you or any person included in this application applied for or been granted any form of welfare assistance or benefits in New Zealand since you were granted a work visa under Religious Worker instructions? |
| | ☐ Yes ☐ No |
| 118 | Do you consent to INZ seeking information from Work and Income that you, or any other person included in this application, have not applied for any form of welfare assistance or benefits during this time? (If No, your application may be declined) |
| | ☐ Yes ☐ No |
| Evi | dence you must provide |
| | o attach evidence to support your resident visa application under Religious Worker instructions (see the Residence de), including: |
| • a | completed Sponsorship Form for Religious Workers (INZ 1190), and |
| • e\ | vidence of the sponsoring organisation's financial ability to sponsor you for five years, |
| • ar | n employment agreement or a description of the religious work from the sponsoring organisation, and |
| • e\ | vidence of a long-term need for a religious worker with the sponsoring organisation. |
| Relig | gious Worker applicants go to Section P: Declaration. |

Residence Application – May 2019 – **19**

| Se | ection J Family: Partnership Category | | |
|---|--|--|--|
| | tnership means either legally married, or in a civil union, or in a de facto relationship (whether opposite ame sex). | | |
| 0 | For more information about the questions in this section, see 'Completing Section J: Family Category Partnership Instructions' in the Residence Guide. | | |
| J1 | New Zealand partner's family name or surname | | |
| | New Zealand partner's first name or given names | | |
| J2 | This person is my: spouse partner | | |
| J3 | If married, what was the date of your marriage and in what country did this marriage take place? | | |
| | Country Date DIDIMINITY Date | | |
| J4 | If in a civil union, what was the date of your civil union? Date DIEMIMICALINATION | | |
| J5 | If in a de facto relationship, when did your relationship begin? Date DIDIMIMICALLY IN THE DESCRIPTION OF TH | | |
| How long have you been living together in this partnership? You must have lived together for 12 is to be eligible for a visa under this category. | | | |
| | Years Months | | |
| | 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. | | |
| | | | |
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| | | | |
| J7 | Do you meet the minimum requirements for recognition of partnerships? | | |
| J8 | Is your partner eligible to support you? | | |
| J9 | Is your partner a New Zealand citizen? | | |
| J10 | Does your partner hold a New Zealand residence class visa? | | |
| J11 | Does your partner hold a valid Australian passport? Yes No | | |

Evidence you must provide

You must provide:

- details of your New Zealand partner in sections D and E
- a Partnership Support Form for Residence (INZ 1178) completed by your partner
- evidence of your relationship as described in the Residence Guide at Completing Section K: Family: Partnership Category.

Your partner (if 17 years of age or over) must provide police certificate(s) for all countries that they have lived in for 12 months or more in the 10 years prior to the date the application is made. However, your partner does not need to provide a police certificate from New Zealand (we will obtain this on their behalf if required).

The onus is on you to provide as much evidence as possible to show you and your partner are living together in a genuine and stable partnership.

Family: Partnership Category applicants go to Section P: Declaration.

Family: Dependent Child Category applicants go to Section P: Declaration.

| Se | ction K Family: Dependent Child Category |
|------|---|
| 0 | For more information about the questions in this section, see 'Completing Section K: Family Category: Dependent Child Instructions' in the <i>Residence Guide</i> . |
| К1 | Are you aged 17 or under? |
| К2 | Are you aged 18 to 20 years, with no children? |
| К3 | Are you aged 21 to 24 years, with no children and totally or substantially reliant on an adult (whether your parent or not) for financial support, whether living with them or not? Yes No |
| K4 | Are you the dependent child of a person who is a New Zealand citizen or residence class visa holder and who is living in New Zealand? Yes No |
| К5 | Are you single? Note that single means you are not living together with a partner in a genuine and stable relationship. \Box Yes \Box No |
| Evid | dence you must provide |

You must provide evidence of your relationship to your New Zealand resident or citizen parent(s).

| Section | on L Refugee Family Support Category |
|---------------|---|
| _ | more information about the questions in this section, see 'Completing Section L: Refugee Family Support Category Instructions' he Residence Guide. |
| Li Wh | nich tier of the Refugee Family Support Category do you want to apply under? |
| | Tier one Go to 😉 |
| | Tier two Go to L3 |
| L2 Ticl | k the box that applies to you (tier one applicants only): |
| | My sponsor has no immediate family in New Zealand |
| | My sponsor is the sole carer of a dependent relative(s) in New Zealand on an ongoing basis. My sponsor has no other immediate family in New Zealand (excluding their dependent relative or relatives being cared for). The dependent relative also has no other immediate family in New Zealand (excluding my sponsor). |
| Not | e that if your sponsor is eligible under tier one on the basis that they are a sole carer, you must provide evidence that they are a sole carer. |
| L3 Sup | pply the following details about your sponsor: |
| Υοι | ur sponsor's registration reference number |
| You | ur sponsor's name |
| You | ur sponsor's date of birth DIDIMIMICYTYTY |
| Fviden | ce you must provide |
| | |
| | st provide evidence of your relationship to your sponsor, and their immigration status. Samily Support Category applicants go to Section P: Declaration. |
| veragee re | anny Support Category applicants go to Section 1. Decidation. |
| Sectio | on M Pacific Access Category |
| | more information about the questions in this section, see 'Completing Sections M and N: Pacific Access Category/Samoan Quota Scheme' he Residence Guide. |
| Mi Sup | pply your registration reference number |
| M2 Do | you have an offer of employment in New Zealand? Yes You must submit evidence of your employment offer. No |
| Eviden | ce you must provide |
| You mus | st submit evidence of your offer of employment. |
| Pacific Acc | cess Category applicants go to Section P: Declaration. |
| Section | on N Samoan Quota Scheme |
| _ | more information about the questions in this section, see 'Completing Sections M and N: Pacific Access Category/Samoan Quota Scheme' he Residence Guide. |
| N1 Ple | ase supply your registration reference number |
| N2 Do | you have an offer of employment in New Zealand? Yes You must submit evidence of your employment offer. No |
| Eviden | ce you must provide |
| You mus | st submit evidence of your offer of employment. |
| | ouota Scheme applicants go to Section P: Declaration |

Section O Employees of a Relocating Business Category

English language requirements apply to every person 16 years of age and over who is included in an application under Employees of a Relocating Business Category.

Principal applicants must meet the minimum standard of English. Partners or dependent children included in this application may either show that they meet the minimum standard of English or pre-purchase English language tuition.

| For more information about the questions in | this section, see 'Completing Section O: Employees of a Relocating | g Business Category'. |
|---|--|--|
| Does the principal applicant meet the minimum standard of English? | | |
| For more information, see our booklet English Language Information [INZ 1060] | | |
| Yes List evidence provided with your application. No Your application cannot be approved. | | |
| | | |
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| | | |
| | | |
| Partners and dependent children | | |
| Name of partner or dependant | Meets minimum standard of English | |
| | Yes - list evidence provided with application | No - intends to prepurchase ESOI tuition |
| | | Yes No |
| | | |
| Frading name and address of busines | ss in New Zealand. | |
| | | |
| | | |
| New Zealand Business Number For help search: www.nzbn.govt.nz | | |
| , | | |
| our role/involvement in the busines | 1 | |

| Date obtained (DD/MM/YY) | Qualification | Educational institution (if applicable) |
|--------------------------|---------------|---|
| / / | | |
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| / / | | |
| / / | | |

| 06 | | | | | |
|----|------|------|------|------|----|
| 06 | Your | work | expe | rien | ce |

| Date from (DD/MM/YY) | Date to (DD/MM/YY) | Organisation | Position |
|----------------------|--------------------|--------------|----------|
| / / | / / | | |
| / / | / / | | |
| / / | / / | | |
| / / | / / | | |

| 07 | 7 Are you eligible for residence under any other category? | | | | |
|---|--|--|--|--|--|
| 0 | See the Self-Assessment Guide for Residence in New Zealand (INZ 1003) for eligibility requirements for other residence categories. | | | | |
| | Yes Your application cannot be approved under the Employee of a Relocating Business Category No | | | | |
| 08 | Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws? | | | | |
| 0 | 3 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 | | | | | |
| | | | | | |
| | | | | | |
| 09 | 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 | | | | |
| | | | | | |
| | | | | | |
| O10 Have you ever been involved in business fraud or financial impropriety? | | | | | |
| | Yes Provide details No | | | | |
| | | | | | |
| | | | | | |

Evidence you must provide

Attach evidence (see the Residence Guide) of:

A letter to Immigration New Zealand from the Chief Executive Officer (CEO) of the relocating business that

- explains why the business is relocating and what the benefits will be to New Zealand; and
- provides details of the employee(s) to be relocated explaining why they are not eligible for approval under any of the other categories of residence instructions.

The relocation of the business must be supported by New Zealand Trade and Enterprise (NZTE). INZ will consult with NZTE to determine their support of your application.

Section P 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.



for more information about the declaration, see Section 'Completing Section P: Declaration' in the Residence Guide.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, my application may be declined, or I may become liable for deportation.

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 will inform Immigration New Zealand 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 am aware that convictions for certain criminal offences committed up to 10 years after first being granted a residence class visa can result in deportation from New Zealand.

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 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, Immigration New Zealand will return my application.

I understand that Immigration New Zealand may provide information about my entitlement to work to potential employers via the online VisaView system. VisaView is authorised by legislation.

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 this information 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 Immigration 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 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 approved.

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

| I have sufficient personal resources to maintain myself and my dependants for at least my first 24 months as a resident in New Zealand. (This does not apply to applicants under the Refugee Family Support Category, applicants under the Family categories or whose sponsor has been recognised as a refugee, applicants under the Family: Partnership Category or Family: Dependent Child Category, or applicants under the Religious Worker instructions.) | | | | |
|---|---|--|--|--|
| The personal resources I will use are (tick at least one): | | | | |
| my cash and assetsa verified definite offer of employment in New Zealan | d (evidence attached). | | | |
| I agree that information about my personal resources and the contents of this form may be provided to Work and Income (a service unit of 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 Work and Income 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 Work and Income 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. | | | | |
| If my application is approved under the Talent (Arts, Cultur of Social Development may provide INZ with: | e and Sports) Instructions, I agree that the Ministry | | | |
| | any other person included in my application for residence) ears in which my residence in New Zealand is supported, and evelopment about my sponsor. | | | |
| Should my residence application be approved under Religious Worker instructions, I understand that my resident visa will be subject to the condition, under Section 55 of the Immigration Act 2009, that my sponsor must meet the obligations they agreed to in the <i>Sponsorship Form for Religious Workers (INZ 1190)</i> for five years. If my sponsor fails to meet their obligations, I understand I may be liable for deportation. I agree that the Ministry of Social Development may provide INZ with: | | | | |
| • any information concerning welfare assistance that I (or any other person included in my application for residence) have applied for, or have been granted, during the five years in which my residence in New Zealand is supported, and for the period since I was granted a work visa under Religious Worker immigration instructions, and | | | | |
| \bullet any information that I provide to the Ministry of Social D | evelopment about my sponsor. | | | |
| Should my residence application be approved under the Talent (Arts Sport and Culture) Instructions, I understand that my resident visa will be subject to the condition under section 55 of the Immigration Act 2009 for two years, that my sponsor must meet the obligations they agreed to in the <i>Talent (Arts, Culture and Sports) Sponsorship Form (INZ 1091)</i> . If my sponsor fails to meet their obligations, I understand I may become liable for deportation. | | | | |
| Signature of principal applicant | Date DIDJEMINJEYIYIY | | | |
| Signature of partner | Date DIDJ[M]MJ[Y]Y]Y | | | |
| Signature of parent or guardian if principal applicant is und | der 18 years of age | | | |
| Date DID |) [[M]M][[Y]Y]Y]Y | | | |
| Signatures of accompanying dependent children over 18 years | ears of age (if applicable) | | | |
| Child one | Date DIDJIMIMJIYIYIY | | | |
| Child two | Date DIDJIMIMJIYIYIY | | | |
| Child three | Date DIDIMINITATION | | | |

Child four

Child five

Date DIDIMIMINITY Y

Date DIDIMINITY Y

| Chile | d six | Date DIDJIMIMJIYIYIY |
|-------|--|---|
| Chile | d seven | Date DIDIMIMINIANIA |
| Chile | d eight | Date DIDJIMIMJIYIYIY |
| Chile | d nine | Date DIDJIMIMJIYIYIY |
| Chile | d ten | Date DIDIMIMICALATION |
| Se | ection Q Immigration adviser's details | |
| adv | isers within an organisation to act on their behalf a | nigration adviser. If the applicant has authorised all It Bs, only the person named at B3 must complete this adviser, this section does not have to be completed. |
| Q1 | Tick the one option that applies to you. | |
| | ☐ I am a licensed immigration adviser under the Ne | w Zealand Immigration Advisers Licensing Act 2007. <i>Go to</i> R2 |
| | | nd Immigration Advisers Licensing Act 2007. Go to R3 |
| | If you are unlicensed when you should be licensed under the Imm will return your client's application. It is an offence to provide imr | |
| Q2 | Licensed advisers. Please provide your licence detail | S. |
| | Licence type | |
| | ☐ full ☐ provisional ☐ limited. List conditions specifi | ed in the register. |
| | | |
| | | |
| | Licence number 2 0 Go to Section | R: Declaration by person assisting the applicant. |
| Q3 | Exempt from licensing. Tick one box below to show | why you are exempt from licensing. |
| | I provided immigration advice in an informal or fa systematically or for a fee. | mily context only, and I did not provide the advice |
| | ☐ I am a New Zealand member of Parliament or mer as part of my employment agreement. | mber of their staff and I provided immigration advice |
| | ☐ I am a foreign diplomat or consular staff. | |
| | I am an employee of the New Zealand public servi | ce and I provided immigration advice within the scope |
| | of my employment agreement. | |
| | of my employment agreement. | icate as a barrister or as a barrister and solicitor of the |
| | of my employment agreement. I am a lawyer and I hold a current practising certif High Court of New Zealand. I am employed by, or I am working as a volunteer for | r, a New Zealand community law centre where at least one law centre or is employed by or working as a volunteer for |

Section R Declaration by person assisting the applicant

This section must be completed and signed by the applicant's immigration adviser, or by any person who has assisted the applicant by providing immigration advice, explaining, translating, or filling in the form for the applicant. If the applicant does not have an immigration adviser, and no one helped the applicant to fill in this form, this section does not have to be completed.

If you are unlicensed when you should be licensed under the Immigration Advisers Licensing Act 2007, Immigration New Zealand will return your client's application. It is an offence to provide immigration advice without holding a licence. For more information, go to the Immigration Advisers Authority website www.iaa.govt.nz, or email info@iaa.govt.nz or write to them at PO Box 6222, Wellesley Street, Auckland 1141, New Zealand. Name and address of person assisting applicant \square Same as name and address given at \square , or \square as below. Family/last name Given/first name(s) Organisation name (if applicable) and address New Zealand Business Number (if applicable) For help search: www.nzbn.govt.nz Telephone (daytime) Telephone (evening) Email Fax I understand that after the applicant has signed this form it is an offence for me to change or add further information, or change or add any documents attached to the form, without making a statement identifying what information or material has been changed, added or attached and by whom. If I make these changes or additions, I must state on the form what they were, who made them and the reason they were made. I understand that the maximum penalty for this offence is a fine of up to NZ\$100,000 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 Q: Immigration adviser's details, are correct. Signature of person assisting Date DIDIIMIMINITYIYIY

About the information you provide

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a resident 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.

Other documents we may need or you may wish to send

We may ask for additional documents or information so that we can consider it with this application.

You may wish to send other documents or information so that we can consider it with this application. Send photocopies only (not original documents), as these documents will not be returned to you. If we need to see an original document, we will ask you to produce it later.

| Application checklist | | | | |
|---|---|---------------|--|--|
| Office Use only | Information and documents you must supply | Check list | | |
| | I have completed the application form. | | | |
| | Each person included in the application has signed the form. | | | |
| | I have provided the application fee and immigration levy. | | | |
| | I have attached passports or travel documents (the original documents or certified copies) for each person included in the application. | | | |
| | I have attached full birth certificates for every person included in the application. | | | |
| | I have attached medical certificates and chest X-ray certificates for all applicants if required. | | | |
| | I have attached police certificate(s) (less than six months old) for every person included in this application. | | | |
| | I have attached two recent passport-size photographs of each person included in the application. | | | |
| | I have attached the required evidence as outlined in sections I to O, and in the <i>Residence Guide (INZ 1002)</i> . | | | |
| | | | | |
| Returning your documents | | | | |
| Please return documents to me by secure post at the address given at: | | | | |
| □ B1 | | | | |
| □ B2 | | | | |

For more information

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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).



Refunds for payments made in New Zealand

We do not usually issue refunds for unsuccessful applications. However, if you become eligible for a refund, we can either issue a cheque, which will take approximately 20 days to process, or pay the refund directly into a New Zealand bank account. To nominate a bank account if you do become eligible for a refund, complete bank details below. If you do not have a New Zealand bank account you may nominate another person's New Zealand bank account.

| Bank name (eg Westpac) and branch | | |
|--|--|--|
| | | |
| Bank account holder name | | |
| | | |
| Bank account number | | |
| | | |
| Signature of applicant or adviser | | |
| | | |
| If you do not complete this section your application | | |

will not be affected.

Section S

Paying your application fee and immigration levy

To find out how much to pay, where to send your application, and how long a decision may take, see www.immigration.govt.nz/fees.

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 L L L |
| Note: Your CVC/CVV number is the three-digit number found on the signature strip on the back of your credit card. |
| Expiry date DIDIMIMICY LY LY LY |
| Signature of cardholder |
| |
| Date DIDIMIMININIA |
| Other methods of payment |
| Personal cheque. Note that we will hold your application for 10 working days to allow the cheque to be cleared. |
| We do not accept money orders. |



