

Application for Visiting New Zealand

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

Application No.

For INZ Use Only

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

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

IMPORTANT INFORMATION ABOUT THIS FORM

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

1. General Requirements

You must include the following **ORIGINAL** documents (unless otherwise stated). Where you are asked to provide **COPIES ONLY** you must do so as these documents will not be returned to you.

Applicant
to tick

- a. A completed, signed application form.
- b. The application fee (see our leaflet **New Zealand Immigration's Guide to Fees** (NZIS 1028), or refer to our website www.immigration.govt.nz).
- c. A valid passport or other travel document for each person included in this application valid for at least three months past the date you plan to leave New Zealand.
- d. A recent passport size photograph for each person included in this application attached to the form at the sections indicated.

Please DO NOT send cash or other original evidence of funds or travel tickets with this application. Send COPIES ONLY of these items in the form of photocopies of travellers' cheques/bank draft/letters of credit or a bank statement in your name.

- e. Evidence of your financial support while in New Zealand:
 - NZ\$1000 per person per month, **or**
 - NZ\$400 per person per month and evidence of prepaid accommodation, **or**
 - A completed **Sponsorship Form for Visiting New Zealand** (NZIS 1025), guaranteeing your accommodation and maintenance, from a New Zealand citizen/resident friend or relative who lives in New Zealand.

Office
Use Only

- f. Evidence of onward travel from New Zealand:
 - A valid ticket to a country to which you have right of entry, **or**
 - A completed **Sponsorship Form for Visiting New Zealand** (NZIS 1025) from a New Zealand citizen/resident friend or relative who lives in New Zealand which guarantees your repatriation from New Zealand, **or**
 - Evidence of sufficient funds in New Zealand to purchase a ticket to a country to which you have the right of entry.

PLEASE NOTE: Any non-refundable travel arrangements are made at your own risk.

2. Category Specific Requirements

- Limited Purpose Visa and Permit applicants (questions A26 to A29 of this form)**
You must supply evidence of the purpose of your visit or for your request for a further permit.
- Application for the purpose of a culturally arranged marriage (Section B of this form)**
You must supply the evidence stated in B3 of this form.
- Legal guardians accompanying students in New Zealand**
You must supply evidence that you are the legal guardian of the student you are accompanying.

Please refer to the **Guide for Visiting New Zealand** (NZIS 1018) for more details, including the definition of Legal Guardianship.
- Other Special Visitor Categories**
Please refer to the **Guide for Visiting New Zealand** (NZIS 1018) for additional requirements that will need to be submitted with your application.

3. Health Requirements

- a. People who intend to be in New Zealand for more than six months who are from a country, area or territory not listed as a low incidence tuberculosis (TB) country, area or territory or who have spent more than a total of three months in the past five years in a country, area or territory not listed as a low incidence TB country, area or territory must complete a **Temporary Entry X-ray Certificate** (NZIS 1096).
- b. People who intend to be in New Zealand for more than 12 months must complete a **Medical and Chest X-ray Certificate** (NZIS 1007).

Despite a. and b. above:

- Pregnant women and children under 11 years of age are not required to have an X-ray, unless a special report is required.

Please refer to the **Health Requirements Leaflet** (NZIS 1121) for more details on immigration health policy and a list of low incidence TB countries, areas and territories.

This form may be used by a single applicant or a family (which may include a principal applicant, partner, and dependent children under 20), and may be used to apply for a Visitor's Visa or Permit or a Limited Purpose Visa or Permit.

Please indicate:

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

Section A

Personal Details

Principal applicant

Client number:

A1 Name as shown in passport
Family: Given:

A2 Preferred title Mr Mrs Ms Miss Dr Other
(please specify)

A3 Other names you are known by

A4 Your name in ethnic script

A5 Gender Male Female **A6** Date of birth
day month year

A7 Place and country of birth Place: Country:

A8 Passport details Number: Country:
Expiry Date:
day month year

A9 Your citizenship

A10 Other citizenships currently held

A11 Do you identify with a particular ethnic group? If so, please specify.

A12 Partnership status Married Never married Partner Separated
 Engaged Widowed Divorced

A13 Are you applying for a visa/permit on the basis of a partnership? Yes No

If No, please go to A14

If Yes, please answer the following:

• are you living in a genuine and stable partnership? Yes No

If No, please explain

- will your partner be in New Zealand for the same period of time? Yes No
- do you meet the minimum requirements for the recognition of a partnership? Yes No
- do you intend to apply for residence under Partnership policy? Yes No
- if Yes, will your New Zealand citizen or resident partner be eligible to sponsor your application? Yes No

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

Additional information

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

A14 I may be contacted at this New Zealand residential address and telephone number:

	Email
	Telephone

A15 Name and address of any friends, relatives or contacts I have in New Zealand are:

Name	Relationship
Address	
Name	Relationship
Address	
Name	Relationship
Address	

A16 Name and address for correspondence about this application:

	Telephone – day
	Telephone – night
	Fax
	Email

A17 If you have given the name and address of an agent in A16, do you authorise that agent to act on your behalf?

Yes No

A18 You can check the progress of your application online by registering for our online enquiry system. By ticking this option you will also be advised by email when your application has been decided. **(Please note: this facility is only available for applications lodged at an Immigration New Zealand (INZ) branch office listed in the “More Information and Advice” section on page 12 of this form).**

Please email me instructions to register to check my application online.

Please note: If you elect an agent to act on your behalf your agent will be sent instructions for online enquiry.

Agent client reference for online enquiry

Use unique reference for each client – (up to 10 characters: no more than 3 letters permitted, e.g. A123, B1234B, or 1234C567CC are acceptable. Don't use punctuation marks or symbols.) This code will appear in any email notifications to an agent acting on behalf of an applicant.

A19 My residential address in my home country is:

A20 List all periods of employment, including self-employment.

Date from (dd/mm/yy)	Date to (dd/mm/yy)	Name of employer	Location	Type of work/ occupation/ job title
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

A21

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

A22

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

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

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

DO NOT complete this section if you are applying for a **Limited Purpose Visa** or **Permit** (see questions A27 to A30)

A23

I am applying for a Visitor’s Visa to travel to New Zealand, or

I am applying for a Visitor’s Permit to be in New Zealand, or

I am applying for a Visitor’s Permit and a Visitor’s Visa as I am already in New Zealand

A24

If applying for a Visitor’s Visa:

This is the date I will enter or re-enter New Zealand:

day	month	year

This is the date I will finally depart New Zealand:

day	month	year

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

I would like a **multiple** journey Visitor’s Visa

A25

Please state the purpose for entering New Zealand or for staying longer in New Zealand

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

A26

If applying for a **Visitor’s Permit**:

This is the date I arrived in New Zealand:

day	month	year

This is the date I request my **Visitor’s Permit** be valid to:

day	month	year

This is the date I will finally depart New Zealand:

day	month	year

Limited Purpose Visa or Permit Complete questions A27 to A30.

DO NOT complete questions A27 to A30 if you are applying for a Visitor’s Visa or Permit.

Only complete this section if:

- you are travelling to New Zealand for an “express purpose” and you wish to have a Limited Purpose Permit in New Zealand,

or

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

Principal Applicant: Application Details – Limited Purpose

A27

- I am applying for a **Limited Purpose Visa** to travel to New Zealand, or
 I am applying for a further **Limited Purpose Permit** to be in New Zealand

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

Such permits mean that you are **not** able to apply for any other type of permit in New Zealand or seek to stay longer or indefinitely in New Zealand. For general information and a list of “express purposes” see the leaflet **Information on Limited Purpose Visas and Permits** (NZIS 1070).

A28

If your “express purpose” is to study in New Zealand please use the **Application to Study in New Zealand** (NZIS 1012) form.

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

A29

If applying for a **Limited Purpose Visa**:
This is the date I will enter New Zealand:

day	month	year

This is the date I will finally depart New Zealand:

day	month	year

A30

If applying for a further **Limited Purpose Permit**:
This is the date I arrived in New Zealand on a **Limited Purpose Visa**:

day	month	year

This is the date I will finally depart New Zealand:

day	month	year

Please list the reasons why you require a further **Limited Purpose Permit**:

Section B

Application for the purpose of a culturally arranged marriage

Complete this section **ONLY** if you are applying for a visa/permit for the purpose of culturally arranged marriage.

B1

Are you coming to New Zealand for the purpose of entering a marriage in accordance with an identified cultural tradition where the arrangements for the marriage, including the initial selection of the persons to be married, are made by persons who are not parties to the marriage?

Yes No

B2

Do you intend to marry within 3 months of your arrival in New Zealand?

Yes No

B3

Please mark the box to confirm you have supplied the following items:

- Evidence that the person you intend to marry is a New Zealand citizen or resident; and
Evidence that the New Zealand citizen or resident you intend to marry:
- supports your application in writing; and
 - is eligible to sponsor your application
- Evidence that there is no legal impediment to the intended marriage; and
- Evidence that the marriage follows an identified cultural tradition; and
- Evidence that you and the New Zealand citizen or resident you intend to marry comply with the minimum requirements for the recognition of partnership.

Partner

C1 Name as shown in passport
 Family: Given:

C2 Preferred title Mr Mrs Ms Miss Dr other
(please specify)

C3 Other names they are known by

C4 Name in ethnic script

C5 Gender Male Female **C6** Date of birth
day month year

C7 Place and country of birth Place: Country:

C8 Their citizenship

C9 Passport details Number: Country:
 Expiry Date:
day month year

C10 Other citizenships currently held

C11 Does your partner identify with a particular ethnic group? If so, please specify.

C12 Is your partner included in this application? Yes No

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

Dependent Children

C13 Supply the following details for each dependent child included in this application:

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

C14 Male Female **C15** Date of birth
day month year

C16 Country of birth

C17 Passport number
 Expiry Date:
day month year

C18 Country of citizenship

C19 Other citizenships currently held

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

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

C21 Male Female **C22** Date of birth
day month year

C23 Country of birth

C24 Passport number
 Expiry Date:
day month year

C25 Country of citizenship

C26 Other citizenships currently held

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

Dependent Child 1

Dependent Child 2

C27

Child's name as shown in passport

Family: Given:

Dependent Child 3

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

C28 Male Female **C30** Country of birth **C31** Passport number

Expiry Date:

C29 Date of birth
day month year
day month year**C32** Country of citizenship **C33** Other citizenships currently held **C34**

Child's name as shown in passport

Family: Given:

Dependent Child 4

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

C35 Male Female **C37** Country of birth **C38** Passport number

Expiry Date:

C36 Date of birth
day month year
day month year**C39** Country of citizenship **C40** Other citizenships currently held

Section D Additional Details

Only complete this section for you and any person included in this application aged 17 years or over.

D1

Do you or any person included in this application have a National ID number, or other unique identifier that was issued to you by any government? Yes No

If Yes, please list here:

Name of applicant	National ID number/unique identifier

D2

Have you or any person included in this application undertaken military service in any country? Yes No

If Yes, please provide a brief chronological account of your military service. Include the applicants name, dates of your/their military service, your/their position/rank, unit(s) that you/they served in, and your/their role within the unit(s). Please also list any military ID number(s) assigned to you or any person included in this application.

Name of applicant	Date from (dd/mm/yy)	Date to (dd/mm/yy)	Rank	Unit	Role
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

Military ID number(s):

Name of applicant	Military ID number

D3 Are you or any person included in this application presently subject to military service obligations in any country? Yes No

If No, and you or any person included in this application are a citizen of a country in which compulsory military service exists, state below why you/they are exempt from military service.

D4 Have you or any person included in this application been associated with any intelligence agency or group, or law enforcement agency? Yes No

If Yes, please specify:

D5 Have you or any person included in this application been associated with any group or organisation that has engaged in or promoted the use of violence to further their aims? Yes No

If Yes, please specify:

D6 Have you or any person included in this application ever committed or been involved in the commission of war crimes, crimes against humanity, and/or human rights abuses? Yes No

If Yes, please specify:

Section E

Character Details

E1 Have you or any person included in this application been:

- convicted
- charged
- under investigation

Yes No
Yes No
Yes No

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

- deported
- excluded (refused entry)
- removed

Yes No
Yes No
Yes No

from any country?

E2 If you have marked **Yes** to any of the above, please provide details below:

Section F

Health Details

F1 Are you, or any person included in the application, pregnant?

Yes No

F2 Do you, or any person included in the application have:

- Pulmonary Tuberculosis (TB)?

Yes No

F3 Do you, or any person included in the application, have any medical condition(s) that currently requires, or may require during your intended stay in New Zealand:

- Renal dialysis?
- Hospitalisation?
- Residential care*?

Yes No
Yes No
Yes No

*Residential care is long-term care provided in a live-in facility such as an aged person's facility or a facility for people with a physical, sensory intellectual or psychiatric disability.

F4 I have read the **Health Requirements Leaflet** (NZIS 1121) and I am aware of the health information I need to provide with this application.

Yes No

F5 Are you, or any person included in the application from a country that is **not** on the list of low incidence TB countries?

Yes No

F6 Have you, or any person included in the application spent three months or more in the past five years in a country that is **not** on the list of low incidence TB countries?

Yes No

F7 If you have answered **Yes** to F5 or F6, please provide details below. For a list of low incidence TB countries, refer to the **Health Requirements Leaflet** (NZIS 1121).

F8 How long do you intend to visit in New Zealand?

Have you submitted a medical certificate with another Immigration New Zealand application in the past 24 months? Yes (go to question F9)
No (go to question F10)

F9 Please provide details of the type and date of the previous application:
Type of application: Date of application:
day month year

We will advise you if we need you to submit further information, such as tests, reports or a new certificate at a later date.

F10 Have you attached a completed **Temporary Entry Chest X-ray Certificate** (NZIS 1096)? Yes No
OR

F11 Have you attached a completed **Medical and Chest X-ray Certificate** (NZIS 1007)? Yes No

Please note: All immigration visa and permit holders who access health services in New Zealand should carry a current passport to enable health providers to document eligibility status. We strongly recommend that you have comprehensive health insurance for the duration of your visit. For more information visit the Ministry of Health website at www.moh.govt.nz.

Section G Declaration

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

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

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

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

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

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

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

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

<input type="text"/>	<input type="text"/>
Signature of principal applicant	day month year
<input type="text"/>	<input type="text"/>
Signature of partner	day month year
<input type="text"/>	<input type="text"/>
Signature of dependent child	day month year
<input type="text"/>	<input type="text"/>
Signature of dependent child	day month year
<input type="text"/>	<input type="text"/>
Signature of dependent child	day month year

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

Section H

Declaration for Person Assisting the Applicant to Complete This Form

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

Full name of person assisting:

Address of person assisting:

I understand that after the applicant has signed this form it is an offence to alter or enter further information on it, alter any material attached to it, or attach any further material to it, unless the person making the alteration or addition states on the form what information or material has been altered or attached, why and by whom. 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 7 years.

I certify that I have assisted in the completion of this form and any additional forms at the request of the applicant **and** that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration. I have assisted the applicant as a:

lawyer agent, consultant translator friend or other advisor
or representative family member Please specify:

Signature of person assisting:

day	month	year

Section I

Privacy Act

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

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

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

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

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

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

You can get more information and advice from:

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

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

Advance Passenger Screening

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

Collection Details

- I wish to collect my documents when ready. (*Note – this option is not available to applicants in the Auckland region.*)
- Please return all documents to me by “secure” post at the address given.

I am paying (amount) Currency Application number

Preferred methods of payment

Bank Cheque/Bank Draft EFTPOS* Credit card or SWITCH

*Note the EFTPOS option is not available if lodging application by mail.

SWITCH card issue number (in UK only)

Credit card
(specify type)

Mastercard Visa

Name of Cardholder

Card number

Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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C.V.C. Number

Signature of cardholder

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The following methods of payment can be used but are not recommended for the noted reasons.

Personal Cheque Your application will be held for 10 working days to ensure the cheque has cleared before it will be processed.

Cash **Cash should not be sent through the mail for security reasons.**

Note:

- Money Orders are not an acceptable form of payment.
- Please see our leaflet ***New Zealand Immigration's Guide to Fees*** (NZIS 1028). All current fees and specific payment instructions for offshore branches can be found on INZ website at www.immigration.govt.nz.



New Zealand
the right choice