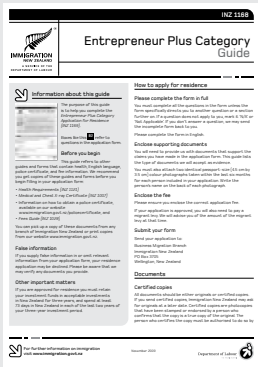




Entrepreneur Plus Category Application for Residence



Use the guide to help you complete the application form

Please read the *Entrepreneur Plus Category Guide (INZ 1168)* before you complete this application form. The guide contains helpful information about how to complete the application form, and gives detailed information about the evidence and documents you need to provide.

Immigration Advisers Licensing Act 2007

Under the Immigration Advisers Licensing Act 2007, anyone giving immigration advice will have to be licensed (unless they are exempt). From 4 May 2009, all immigration advisers working in New Zealand must be licensed. From 4 May 2010, all immigration advisers, whether working onshore or offshore, must be licensed. It is an offence to provide immigration advice without holding a licence from these dates. If your immigration adviser is not licensed when they should be, Immigration New Zealand will return your application.

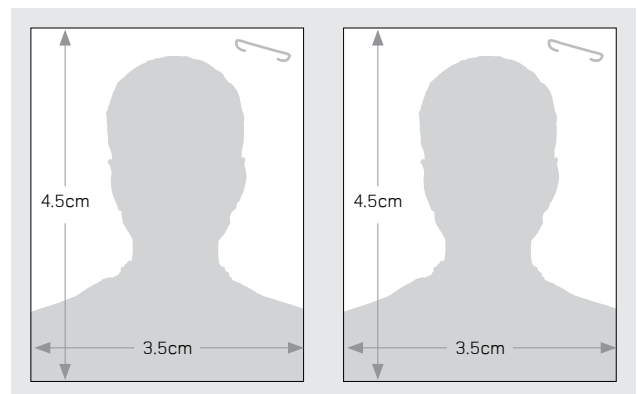
For more information and to view the Register of licensed advisers, go to the Immigration Advisers Authority website www.iaa.govt.nz, email info@iaa.govt.nz, or write to them at PO Box 6222, Wellesley Street, Auckland 1141, New Zealand.

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

Section A Principal applicant's personal details

i For more information see 'Completing Section A: Principal applicant's personal details' in the *Entrepreneur Plus Category Guide*.

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



A1 Name as shown in passport

Family/last name

Given/first name(s)

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

A3 Other names you are known by or have ever been known by

A4 Your name in ethnic script



For further information on immigration
visit www.immigration.govt.nz

November 2009

Department of Labour
TE TARI MAHI



A5 Gender Male Female **A6** Date of birth | D | D | M | M | Y | Y | Y | Y |

A7 Town/city of birth |
Country of birth |

A8 Other citizenships you hold |

A9 Partnership status Married/in civil union Never married/never in civil union Partner
 Separated Engaged Widowed Divorced

Your documents

A10 Please provide details of your birth certificate. Birth certificate number |
Name of issuing authority |

A11 Please provide details of your taxation number (if you have one). Taxation number |
Country |

A12 Please provide your social security number (if you have one). Social security number |
Country |

A13 Please provide details of all the passports you currently hold.

Passport 1

Number | Country |
Name as shown in passport
Family/last name Given/first name(s)
| |
Expiry date | D | D | M | M | Y | Y | Y | Y | Place of issue |

Passport 2

Number | Country |
Name as shown in passport
Family/last name Given/first name(s)
| |
Expiry date | D | D | M | M | Y | Y | Y | Y | Place of issue |

Passport 3

Number | Country |
Name as shown in passport
Family/last name Given/first name(s)
| |
Expiry date | D | D | M | M | Y | Y | Y | Y | Place of issue |

Section B Contact details

Use both English and your own language where required.

i For more information see 'Completing Section B: Contact details' in the *Entrepreneur Plus Category Guide*.

B1 Your residential address and contact details in your home country.

Address

Telephone (daytime) Telephone (evening)

Fax Email

B2 Name and address for communication about this application.

Same as address at **B1**, or Other

Family/last name Given/first name(s)

Company name (if applicable) and address

Telephone (daytime) Telephone (evening)

Fax Email

B3 Do you authorise the person stated at **B2** to act on your behalf? Yes No

B4 Have you received immigration advice on this application?

Yes *Please make sure that your immigration adviser completes Section L: Immigration adviser's details. Go to **B5***

No *Go to **B6**.*

B5 Immigration adviser reference code for online enquiries *This is not the adviser's licence number.*

B6 Would you like us to email you instructions for registering to check online how your application is progressing?

Yes No

Section C Your family

In this section, please give details of ALL your family, whether they are migrating with you or not. It is not necessary to list deceased family members.

i For more information, see 'Completing Section C: Your family' in the *Entrepreneur Plus Category Guide*.

C1 Please give your parents' details. Include both biological and adoptive parents, if applicable. If your parents are deceased, give details of legal guardians (if any), and/or grandparents.

Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		

C2 Please give the details of your brothers and sisters. Include half, step and adopted brothers and sisters.

Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

C3 Do you have any children? This includes biological children, adopted children, and step-children from previous marriages/relationships.

- Yes. Provide details below.
- No. Go to Section D: Your partner.

Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status	Country of residence	Does the person intend to migrate with you? (Y/N)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

C4 How many of these children do you intend to include on your residence application?

C5 Are you separated or divorced from the parent of any of your children aged under 16? Yes No

C6 Are you intending to **exclude** the parent of any of your children aged under 16 from your residence application?
 Yes No

Section D Your partner

All principal applicants who have ticked 'Married/in civil union', 'Partner' or 'Engaged' at **A9** must complete this section with their partner's personal details, whether or not the partner is included in this application. If you do not have a partner, go to Section E: Dependent children.

i For more information see 'Completing Section D: Your partner' in the *Entrepreneur Plus Category Guide*.

D1 Do you meet the minimum requirements for the recognition of a partnership? Yes No Go to **D3**

D2 Please list the evidence you are providing to show that you meet the minimum requirements for the recognition of a partnership.

D3 Is your partner included in your residence application? Yes No

D4 Your partner's name as shown in passport

Family/last name

Given/first name(s)

D5 Preferred title Mr Mrs Ms Miss Dr Other (please specify) _____

D6 Other names your partner is known by or has ever been known by

D7 Partner's name in ethnic script _____

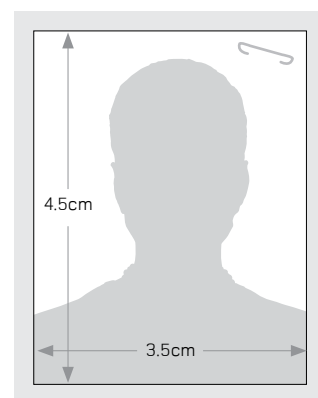
D8 Partner's gender Male Female

D9 Partner's date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D10 Partner's town/city of birth _____

Partner's country of birth _____



Your partner's documents

D11 Your partner's birth certificate number _____

Name of issuing authority _____

D12 Your partner's taxation number (if they have one).

Taxation number _____ Country _____

D13 Please provide your partner's social security number (if they have one).

Social security number _____ Country _____

D14 Please provide details of all the passports your partner currently holds.

Passport 1

Number _____ Country _____

Name as shown in passport

Family/last name

Given/first name(s)

Expiry date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place of issue _____

Passport 2

Number Country

Name as shown in passport

Family/last name Given/first name(s)

Expiry date Place of issue

Passport 3

Number Country

Name as shown in passport

Family/last name Given/first name(s)

Expiry date Place of issue

In the following questions, please give details of your partner's entire family, whether they are migrating with you or not. It is not necessary to list deceased family members.

D15 Please give your partner's parents' details. Include both biological and adoptive parents, if applicable. 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/YYYY)	Partnership status	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		

D16 Please give the details of your partner's brothers and sisters. Include half-, step- and adopted brothers and sisters.

Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

D17 Does your partner have any children? This includes biological children, adopted children, and stepchildren from previous marriages/relationships.

Yes. Provide details below. No. Go to 'Section E: Dependent children'.

Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status	Country of residence	Does the person intend to migrate with you? (Y/N)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Section E Dependent children

You must complete this section with the details of each dependent child included in your application. If you are not including any dependent children, go to Section F: Additional details.

i For more information see 'Completing Section E: Dependent children' in the Entrepreneur Plus Category Guide.

Dependent child 1

E1 Child's name as shown in passport

Family/last name

Given/first name(s)

E2 Other names child is known by or has ever been known by

E3 Child's gender Male Female

E4 Child's date of birth

E5 Child's country of birth

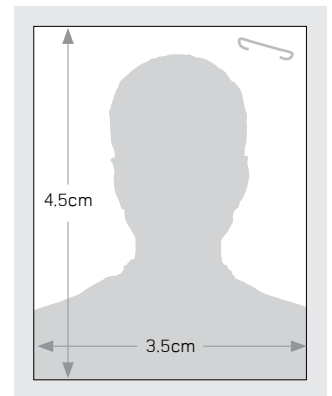
E6 Child's passport details

Number Country Expiry date

E7 Other citizenships child holds

E8 Partnership status Married/in civil union Never married/never in civil union Partner
 Separated Engaged Widowed Divorced

E9 Does this child have children of his/her own? Yes No



Dependent child 2

E10 Child's name as shown in passport

Family/last name

Given/first name(s)

E11 Other names child is known by or has ever been known by

E12 Child's gender Male Female

E13 Child's date of birth

E14 Child's country of birth

E15 Child's passport details

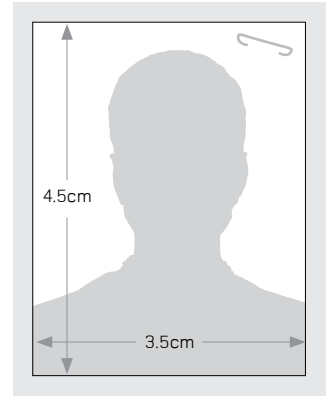
Number Country Expiry date

E16 Other citizenships child holds

E17 Partnership status Married/in civil union Never married/never in civil union Partner

Separated Engaged Widowed Divorced

E18 Does this child have children of his/her own? Yes No



Dependent child 3

E19 Child's name as shown in passport

Family/last name

Given/first name(s)

E20 Other names child is known by or has ever been known by

E21 Child's gender Male Female

E22 Child's date of birth

E23 Child's country of birth

E24 Child's passport details

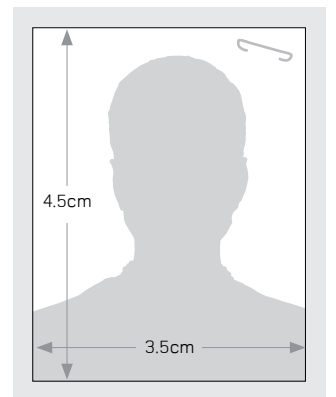
Number Country Expiry date

E25 Other citizenships child holds

E26 Partnership status Married/in civil union Never married/never in civil union Partner

Separated Engaged Widowed Divorced

E27 Does this child have children of his/her own? Yes No



Dependent child 4

E28 Child's name as shown in passport

Family/last name

Given/first name(s)

E29 Other names child is known by or has ever been known by

E30 Child's gender Male Female

E31 Child's date of birth

E32 Child's country of birth

E33 Child's passport details

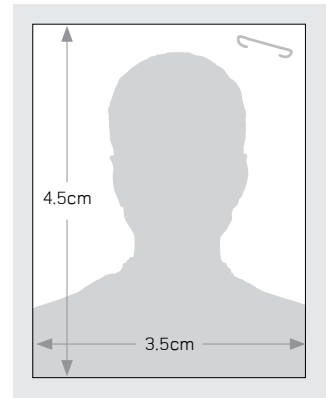
Number Country Expiry date

E34 Other citizenships child holds

E35 Partnership status Married/in civil union Never married/never in civil union Partner
 Separated Engaged Widowed Divorced

E36 Does this child have children of his/her own? Yes No

If you have any other dependent children, please continue on a separate sheet of paper.



Section F Additional details

The following questions apply to every person included in this application aged 17 years and over.

F1 Do you or anyone else included in this application have a national identity number, or other unique identifier that was issued to you by any government?

Yes. *Provide details below.* No

Name of applicant	National identity number/ unique identifier

F2 Have you or anyone else included in this application completed military service in any country?

Yes. Please provide information about your/their military service including the dates of your/their military service, your/their position and rank, the unit or units that you/they served in, and your/their role within each unit.

No

Name of applicant	Date from (DD/MM/YY)	Date to (DD/MM/YY)	Rank	Unit name or number	Role
	/ /	/ /			
	/ /	/ /			

Please list any military identity numbers you/they were given

Name of applicant	Military ID number

F3 Are you or anyone else included in this application presently subject to military service obligations in any country?

Yes No

If you have answered No, and you/they are a citizen of a country in which compulsory military service exists, please explain why you/they are exempt from military service.

F4 Have you or anyone else included in this application been associated with any intelligence agency or group, or law enforcement agency?

Yes No

If you have answered Yes, please describe how you/they were involved.

F5 Have you or anyone else included in this application been associated with any group or organisation that has used or promoted violence to further their aims?

Yes No

If you have answered Yes, please describe how you/they were involved.

F6 Have you or anyone else included in this application ever committed or been involved in war crimes, crimes against humanity, and/or human rights abuses?

Yes No

If you have answered Yes, please describe how you/they were involved.

Section G Character

i For more information see 'Completing Section G: Character' in the *Entrepreneur Plus Category Guide*.

G1 Have you provided police certificates for every person in this application aged 17 years and over from all countries in which they have lived for 12 months or more in the last 10 years and from their country(ies) of citizenship?

Yes No

G2 List all countries (including all countries of citizenship) that you and/or your family have lived in for 12 months or more in the last 10 years. Include countries where your stay has been broken by short departures.

Applicant name	Country	Date of arrival (DD/MM/YY)	Date of departure (DD/MM/YY)
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

G3 Have you or anyone included in your application ever been sentenced to imprisonment for a term of five years or more (including any expunged criminal records)?

Yes No

G14 Have you, or any of your family members included in your application, ever been:

- convicted or found guilty of any offence(s) against the law in any country? Yes No
- convicted of an offence (including a traffic offence), committed within the last five years, involving dangerous driving, driving having consumed excessive alcohol (including drunk driving and driving with a blood or breath alcohol content in excess of a specified limit) or driving having consumed drugs? Yes No
- charged with any offence against the law in any country? Yes No
- removed from any country, including New Zealand? Yes No
- refused entry to any country, including New Zealand? Yes No
- refused a visa/permit for any country, including New Zealand? Yes No
- involved in any people trafficking? Yes No
- a member of, or belonged to, any group of people that had/has objectives or principles based on hostility against people or groups of people on the basis of colour, race, ethnic or national origins? Yes No
- a member of, or belonged to, any group of people that had/has objectives or principles based on an assumption that persons of a particular race or colour are inherently inferior or superior to other races or colours? Yes No

G15 Have you, in the course of applying for a New Zealand visa/permit, made any statement or provided any information, evidence, or submission that was false, misleading or forged, or withheld material information?

Yes No

G16 Have you, in supporting any application by another person for a New Zealand visa or permit, made any statement or provided any information, evidence or submission that was false, misleading or forged?

Yes No

G17 If you answered Yes to any of the questions in **G13** to **G16**, you must provide a full explanation of the surrounding circumstances.

Section H Health

i For more information see 'Completing Section H: Health' in the *Entrepreneur Plus Category Guide*.

H1 Have you, and every other person included in your application, attached a completed *Medical and Chest X-ray Certificate (INZ 1007)*?

Yes No

H2 Do you, or anyone included in your application, require, or are you or anyone included in your application likely to require, dialysis treatment in the immediate future?

Yes No

I3 Please provide details of how your partner and children aged 16 years and over (included in this application) meet or intend to meet the minimum standard of English.

Name	If they meet the minimum standard, state evidence provided.	If they do not meet minimum standard, will they pre-purchase ESOL tuition?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section J Successful business establishment

i For more information see 'Completing Section J: Successful business establishment' in the *Entrepreneur Plus Category Guide*.

J1 Do you currently hold a long-term business permit?
 Yes No

J2 Have you already provided evidence of the transfer of your NZ\$0.5 million investment capital to New Zealand as part of your long-term business permit application?
 Yes
 No *List the documentation you have included as evidence of the transfer of your investment capital.*

J3 Have you borrowed the full amount or part of your investment capital?
 Yes *List the documentation you have included as evidence that your investment capital has been borrowed.*
 No

Business details

J4 Provide your company details.

Trading name

Company address

J5 Provide a description of your established business and your role within the business.

J6 What is the ownership structure of your business?

Sole trader

Partnership

Limited liability company.

List your shareholding percentage and the number of shareholders

Other (*please specify*)

J7 Have you invested at least NZ\$0.5 million into your business?

Yes No

J8 Have you created at least three full-time positions for New Zealand citizens or residents in your business?

Yes No

J9 Please list the documents you have provided to support the claims you made in **J4** to **J8**.

Section K Declaration

The principal applicant, any partner and dependent children aged 17 years and over who are included in this application must agree to the following terms and conditions and sign the declaration space below. Please ensure you understand the declarations below before you sign and agree to them.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any material way after it has been signed, my application for residence may be declined, and I may lose any right of appeal of the decision to decline the application. Any residence visa or permit may later be revoked. I may also be committing an offence and I may be prosecuted.

I have provided true and correct answers to the questions in this form.

I have listed all my family members, including any adopted by law or 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 permit, or (ii) affect the decision to grant a permit that relies on the visa for which I am applying.

I declare that there are no matters or warrants outstanding, or investigations of any kind, which could have any current or future effect on the assessment of my good character, or the good character of any other persons included in this application.

I authorise Immigration New Zealand to make any enquiries it deems necessary regarding the information provided on this form and to share this information with other Government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status. I also consent to any organisation providing relevant information to Immigration New Zealand about me.

I authorise Immigration New Zealand to provide information about my health and my immigration status to any health service agency. I authorise any health service agency to provide information about my health to Immigration New Zealand.

I accept that any advice given to me by Immigration New Zealand before submitting this application was intended to assist me, and acting on that does not mean that any later application for residence will be granted.

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.

Should my residence application be approved, I understand that my residence permit will be subject to the requirements imposed under section 18A of the Immigration Act 1987. These requirements will be that I retain my investment and maintain the three full-time positions in my business in New Zealand.

I agree to participate in an evaluation of the Business Immigration Policy categories for a period of up to five years after the approval of my application.

Signature of principal applicant _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of partner (if applicable) _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signatures of accompanying dependent children over 17 years of age (if applicable)

_____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

_____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

_____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

_____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

_____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

_____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section L Immigration adviser's details

This section must be completed by the applicant's immigration adviser. If the applicant does not have an immigration adviser, this section does not have to be completed.

L1 Have you been lawfully present in New Zealand for more than 183 days in the last 12 months? Yes No

L2 Tick the **one** option that applies to you.

I am a licensed immigration adviser under the New Zealand Immigration Advisers Licensing Act 2007. Go to **L3**

I am exempt from licensing under the New Zealand Immigration Advisers Licensing Act 2007. Go to **L4**

I am an unlicensed immigration adviser. Go to Section M: Declaration by person assisting the applicant.

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, unless you are exempt.

L3 Licensed advisers. Please provide your licence details.

Licence type full provisional limited. List conditions specified in the Register.

Licence number Go to Section M: Declaration by person assisting the applicant.

L4 Exempt from licensing. Tick one box below to show why you are exempt from licensing.

I provided immigration advice in an informal or family context only, and I did not provide the advice systematically or for a fee.

I am a New Zealand member of Parliament or member of their staff and I provided immigration advice as part of my employment agreement.

I am a foreign diplomat or consular staff.

I am an employee of the New Zealand public service and I provided immigration advice within the scope of my employment agreement.

I am a lawyer and I hold a current practising certificate as a barrister or as a barrister and solicitor of the High Court of New Zealand.

I am employed by, or I am working as a volunteer for, a New Zealand community law centre where at least one lawyer is on the employing body of the community law centre or is employed by or working as a volunteer for the community law centre in a supervisory capacity.

I am employed by, or I am working as a volunteer for, a New Zealand citizens advice bureau.

I provided immigration advice offshore in relation to applications or potential applications for student visas or student permits only.

Go to Section M: Declaration by person assisting the applicant.

Section M 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.

Same as address given at B2 or as below.

Family/last name

Given/first name(s)

Company name (if applicable)

Company address

Telephone (daytime)

Telephone (evening)

Fax

Email

I understand that after the sponsor has signed this form it is an offence for me to change or add further information, change any documents attached to the form, or attach any further documents to the form. However, if changes are needed, the person making the changes must state on the form what information or documents have been changed and give reasons for the changes.

I note 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 filling in the form

I have assisted the applicant in another way. *Please specify*

I have provided immigration advice (as defined in the Immigration Advisers Licensing Act 2007) and my details in Section L: Immigration adviser's details are correct.

Signature of person assisting

Date



About the information you provide

Deciding whether you are eligible for a visa or permit

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for residence in New Zealand. We may also use the information to contact you for research purposes or to advise you on immigration matters.

The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand.

Collecting the information is authorised by the Immigration Act 1987 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.

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).

If you come to New Zealand, you will be able to ask to see the information we hold about you and have any of it corrected if you think it is necessary.

Other documents you may wish to send

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, you will be asked to produce it later.

For more information

If you have questions about completing the form:

- see our website www.immigration.govt.nz
- telephone our call centre on 0508 558 855 (within New Zealand)
- contact one of Immigration New Zealand's offices.

Immigration New Zealand has offices in Apia, Bangkok, Beijing, Hong Kong, Jakarta, London, Manila, Moscow, New Delhi, Nuku'alofa, Shanghai, Singapore, Suva, Sydney and Taipei. You can also contact New Zealand diplomatic and consular offices.

In New Zealand offices are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch, Queenstown and Dunedin.

Returning your documents

Please tick one of the following options

I wish to collect my documents when ready.	<input type="checkbox"/>
Please return all documents to me by mail.	<input type="checkbox"/>

Application checklist

OFFICE USE ONLY	Information and documents you must supply	CHECK LIST
<input type="checkbox"/>	I have completed and signed the application form.	<input type="checkbox"/>
<input type="checkbox"/>	I have provided my application fee.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached photocopies of the identity pages of my passport(s)	<input type="checkbox"/>
<input type="checkbox"/>	I have attached two recent passport-size photographs of myself and each applicant.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached evidence of the transfer of my capital (if applicable).	<input type="checkbox"/>
<input type="checkbox"/>	I have attached evidence to show the establishment of my business.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached evidence to show the investment of at least NZ\$0.5 million and the creation of at least three full-time jobs for New Zealand citizens or residents in my business.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached appropriate evidence to show that my partnership is genuine and stable (if applicable).	<input type="checkbox"/>
<input type="checkbox"/>	I have attached my/our full birth certificate(s)	<input type="checkbox"/>
<input type="checkbox"/>	I have attached my/our police certificate(s)	<input type="checkbox"/>
<input type="checkbox"/>	I have attached my/our completed medical and X-ray certificate(s)	<input type="checkbox"/>

Section N

Paying your application fee

See our *Fees Guide (INZ 1028)* or our website www.immigration.govt.nz/fees for more information about current fees and payment methods.

Your application fee

Amount you are paying:

Currency

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
- Mastercard*
- Visa*

Credit card* details

Name of cardholder

Card number

Expiry date

Signature of cardholder

Date

Other methods of payment

- Personal cheque.** *Note that we will hold your application for 10 working days to allow the cheque to be cleared.*
- Cash.** *Cash should not be sent through the mail for security reasons.*

We do not accept money orders.

To be removed and securely destroyed after credit card transaction is processed.

*Your CVC/CVV number is required if you are paying by electronic credit card and your application is being lodged at Immigration New Zealand's Bangkok branch or London branch, or the MFAT post in The Hague. If your application will be lodged in one of these three branches, please provide your CVC/CVV number here.

Note: your CVC/CVV number is the three-digit number found on the signature strip on the back of your credit card.

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



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