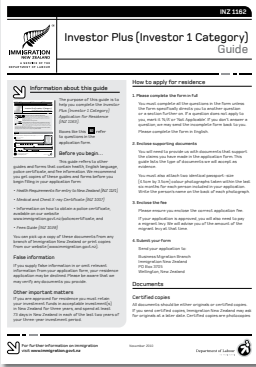




# Investor Plus (Investor 1 Category) Application for Residence



Use the guide to help you complete the application form

Please read the *Investor Plus (Investor 1 Category) Guide (INZ 1162)* **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 it is an offence to provide immigration advice without being licensed or exempt. If your immigration adviser is not licensed when they should be, Immigration New Zealand will return your application.

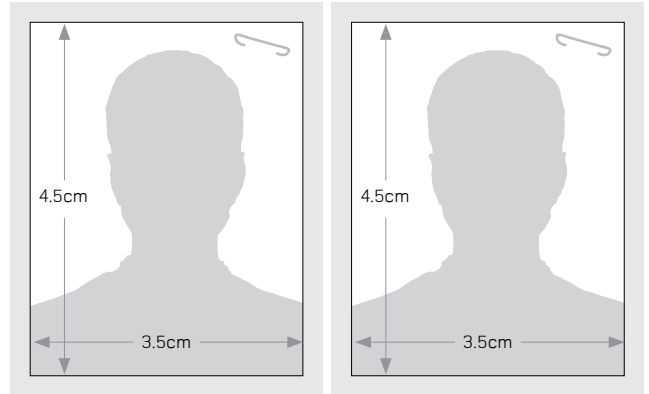
For more information and to view the register of licensed advisers, go to the Immigration Advisers Authority website [www.iaa.govt.nz](http://www.iaa.govt.nz) or email [info@iaa.govt.nz](mailto:info@iaa.govt.nz).

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 *Investor Plus (Investor 1 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 each photograph.



**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

**A5** Gender  Male  Female **A6** Date of birth



**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  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 \_\_\_\_\_

## 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 *Investor Plus (Investor 1 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?

**i** You can find a definition of immigration advice at [www.immigration.govt.nz/advice](http://www.immigration.govt.nz/advice).

Yes *Please make sure that your immigration adviser completes Section K: Immigration adviser's details.*

No

### B5 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 *Investor Plus (Investor 1 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*

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 *Investor Plus (Investor 1 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.

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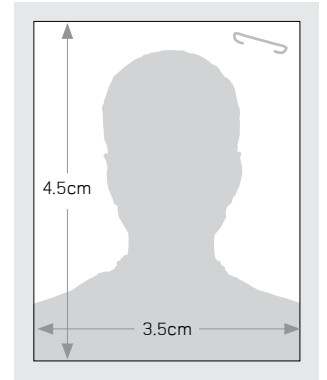
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**D3** Is your partner included in your residence application?  Yes  No

**D4** Your partner's name as shown in passport

Family/last name

Given/first name(s)



**D5** Partner's 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

**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

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 step-children 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 *Investor Plus (Investor 1 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

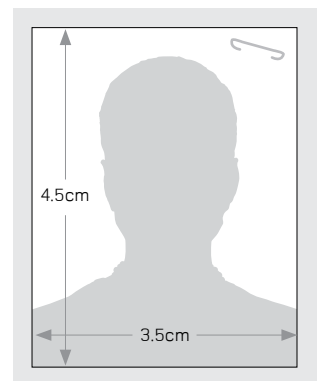
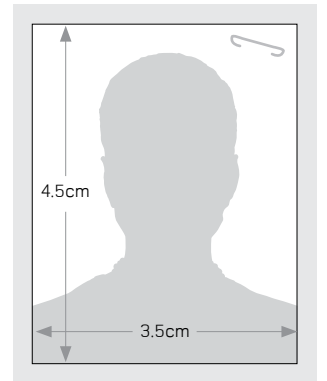
**E13** Child's date of birth

**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

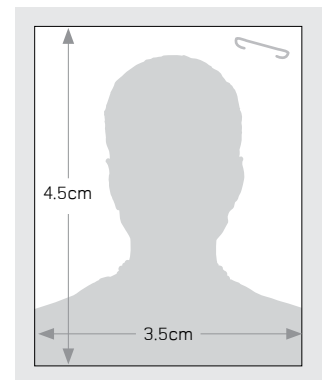
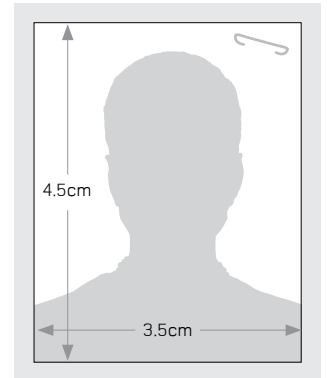
**E30** Child's gender  Male  Female

**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	National identity number/ unique identifier

**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.

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**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.

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**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.

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## Section G Character

**i** For more information see 'Completing Section G: Character' in the *Investor Plus (Investor 1 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

**G4** Have you or anyone included in your application ever been sentenced to imprisonment for a term of 12 months or more within the last 10 years (including any expunged criminal records)?

Yes  No

**G5** Have you or anyone included in your application ever been deported from any country, including New Zealand?

Yes  No

**G6** Have you or anyone included in your application ever been involved in any terrorist activities or supported similar violent activities?

Yes  No

**G7** Have you or anyone included in your application ever been a member of, or belonged to, any terrorist group?

Yes  No

**G8** Have you or anyone included in your application ever been involved in any drug trading or trafficking?

Yes  No

**G9** Have you or anyone included in your application ever been a member of, or belonged to, any group with criminal objectives?

Yes  No

**G10** Have you or anyone included in your application ever been a member of, or belonged to, any group that has engaged in or supported criminal activities?

Yes  No



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

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## Section H Health

**i** For more information see 'Completing Section H: Health' in the Investor Plus (Investor 1 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 likely to require, dialysis treatment in the immediate future?

Yes  No

**H3** Do you, or anyone included in your application have pulmonary tuberculosis (TB)?

Yes  No

**H4** Do you, or anyone included in your application have severe haemophilia?

Yes  No

**H5** Do you or anyone included in your application have a physical incapacity that requires full-time care?

Yes  No

If you answered Yes to any of the questions in **H2** to **H5**, you must provide an explanation below of your, or your family member's, medical condition(s). If, having considered your explanation, we assess that your or your family member's medical condition is one for which a medical waiver cannot be granted, your application cannot be approved.

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**Section I** Investment funds

**i** For more information see 'Completing Section I: Investment funds' in the *Investor Plus (Investor 1 Category) Guide*.

**I1** **Investor Plus (Investor 1 Category):**

Do you have NZ\$10 million to invest in New Zealand for three years?

Yes  No

**I2** What kind of investment do you propose undertaking?

(indicative proposal)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I3** Who owns these funds?

You  You and your partner and/or your dependent children.

**I4** Please show the type and location of the funds and/or assets that will be used for the purpose of the investment fund nominated in **I1**.

Funds/assets type (eg bank deposits)	Location (eg xxxx Bank)	Net value	Value (NZ\$)
<b>Total</b>			

**I5** Please explain how you earned or acquired these funds and/or assets. Continue on a separate sheet of paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16** Please list your earnings for at least the last five years and the sources of this income. Continue on a separate sheet of paper if necessary.

Year	Income earned (after tax)	\$NZ equivalent	Source of income

**17** Were any of the funds and/or assets you nominated at **14** gifted to you?

Yes  No *Go to* **18**

If Yes, please explain and provide appropriate evidence to show how your donor earned or acquired these funds.

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**18** Please list below the documents you have provided to support the claims you have made in this section.

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**Section J Declaration**

**The principal applicant, any partner and dependent children aged 18 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. I may become liable for deportation. I may also be committing an offence and I may be imprisoned.

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 visa, or (ii) affect the decision to grant entry permission based on the visa for which I am applying.

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

I authorise 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 resident visa will be subject to the conditions imposed under section 49(1) of the Immigration Act 2009 for three years. These conditions will be that I retain the investment in New Zealand for three years and meet the minimum time in New Zealand requirements.

I declare that the funds I have nominated in this application were lawfully earned or acquired and that I will transfer them to New Zealand according to the requirements of the Migrant Investment Instructions.

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

Signature of principal applicant  Date

Signature of partner (if applicable)  Date

Signatures of accompanying dependent children over 18 years of age (if applicable)

Date

Date

Date

Date

Date

Date



**Section L** 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](http://www.iaa.govt.nz), or email [info@iaa.govt.nz](mailto: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) and address

--

Telephone (daytime)

--

Telephone (evening)

--

Fax

--

Email

--

I understand that after the applicant has signed this form it is an offence to change or add further information, change any documents attached to the form, or attach any further documents to the form.

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. 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 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. *Please specify*

--

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

Signature of person assisting

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Date

D	D	M	M	Y	Y	Y	Y
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## 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 my nominated investment funds.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached evidence to show how I earned or acquired my nominated investment funds.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached my marriage certificate (if applicable).	<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 Chest X-ray certificate(s)	<input type="checkbox"/>

## Section M Paying your application fee

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

### Your application fee

Amount you are paying: NZ\$

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

Name of cardholder

Card number

Expiry date

Signature of cardholder

Date

### Other methods of payment

EFTPOS. *Note that this option is available only for applications lodged at one of our New Zealand offices.*

Personal cheque. *Note that we will hold your application for 10 working days to allow the cheque to be cleared.*

Cash. *Our New Zealand branches do not accept cash. Most of our branches outside New Zealand do not accept cash.*

**We do not accept money orders.**



## About the information you provide

### Deciding whether you are eligible for a visa

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. **Do not send your application to this address.**

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.

### 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](http://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, Dubai, Ho Chi Minh City, Hong Kong, Jakarta, London, Manila, Moscow, Mumbai, New Delhi, Nuku'alofa, Pretoria, Shanghai, Singapore, Suva, Sydney and Taipei.

Our New Zealand offices are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch, Queenstown and Dunedin. You can also contact your nearest New Zealand Embassy or New Zealand High Commission.

[newzealand.govt.nz](http://newzealand.govt.nz)