	OFFICE USE ONLY	Client no.:	Date received: /	/ Application no.
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November 2023 INZ 1206



Parent Category Residence Application

Use the guide to help you complete the application form

For help completing this form, please refer to the Parent Category Guide (INZ 1207).

You may only apply for residence under the Parent Category if you have submitted an expression of interest, and have received an invitation to apply within the past four months. If you have not received an invitation to apply for residence, your application will not be accepted.

To express your interest in applying for residence under the Parent Category, use the online form at **www.immigration.govt.nz/formshelp/parent-resident-visa-expression-of-interest-form**, or use the *Parent Category Expression of Interest Form (INZ* 1202).

Immigration Advisers Licensing Act 2007

Under the Immigration Advisers Licensing Act 2007 it is an offence to provide immigration advice without being licensed or exempt. If your immigration adviser is not licensed when they should be, Immigration New Zealand will return your application.

For more information and to view the register of licensed advisers, go to the Immigration Advisers Authority website **www.iaa.govt.nz** or email **info@iaa.govt.nz**.

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

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

Have you been invited to apply for residence under the Parent Category?					
Yes	No You are not eligible to make an application under the Parent Category.				
Provide your Ex	opression of Interest (EOI) number here:				



Se	ction A Principal applicant's personal details
All p	rincipal applicants must complete this section.
The	ch two passport-size photographs of yourself here. photographs must be less than six months old. e your full name on the back of the photographs.
0	For more information, see 'Principal Applicant' in the Parent Category Guide. 4.5cm
A 1	Name as shown in passport
	Family/last name
	Given/first name(s)
A2	Preferred title Mr Mrs Ms Miss Dr Other (specify)
A3	Other names you are known by or have ever been known by
A 4	Your name in ethnic script
A 5	Gender Male Female Date of birth DIDIMINICALITY
A7	Town/city of birth
	Country of birth
A8	Other citizenships you hold
A9	Partnership status Married Single Partner/De facto Separated Widowed Divorced
0	For definition of partner, see 'Partner's identity and personal details' in the Parent Category Guide.
A10	What is your main occupation?
A11	Details of all passports held
	Passport 1
	Number Country
	Expiry date DIDJUMIMJUYIYIY IN ISsue date DIDJUMIMJUYIYIY Place of issue
	Family/last name as shown in passport Given/first name(s) as shown in passport
	Passport 2
	Number Country
	Expiry date DIDJUMIMJUYIYIY IN ISsue date DIDJUMIMJUYIYIY Place of issue
	Family/last name as shown in passport Given/first name(s) as shown in passport

Passport 3	
Number	Country
	Issue date DIDIIMIMINITIAL Place of issue
Family/last name as shown in p	
Your residential address and te	elephone number in your home country
Address	
Telephone (daytime)	Telephone (evening)
Fax	Email
Your New Zealand residential a	address and telephone number (if you are already in New Zealand)
Address	, , , , , , , , , , , , , , ,
Telephone (daytime)	Telephone (evening)
Fax	Email
Fax Name and address for commun	
Name and address for commun	
Name and address for commun	nication about this application
Name and address for commun	nication about this application
Name and address for commun	nication about this application Same as address at A13, or Other
Name and address for communum Same as address at A12, or Name of contact person	nication about this application Same as address at A13, or Other
Name and address for communications as address at A12, or Name of contact person Organisation name (if applicab New Zealand Business Number	nication about this application Same as address at A13, or Other
Name and address for communication Same as address at A12, or Name of contact person Organisation name (if applicabet) New Zealand Business Number For help search: www.nzbn.govt.nz	nication about this application Same as address at A13, or Other Ole) and address r (for New Zealand businesses only)
Name and address for communication Same as address at A12, or Name of contact person Organisation name (if applicabete New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime)	nication about this application Same as address at A13, or Other Ole) and address r (for New Zealand businesses only) Telephone (evening)
Name and address for communication Same as address at A12, or Name of contact person Organisation name (if applicabete New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime)	nication about this application Same as address at A13, or Other Ole) and address r (for New Zealand businesses only) Telephone (evening) Email
Name and address for communication Same as address at A12, or Name of contact person Organisation name (if applicabete New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime)	nication about this application Same as address at A13, or Other Ole) and address r (for New Zealand businesses only) Telephone (evening)
Name and address for communications as address at A12, or Name of contact person Organisation name (if applicable New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime) Fax Do you authorise the person state of the p	nication about this application Same as address at A13, or Other Ole) and address r (for New Zealand businesses only) Telephone (evening) Email
Name and address for communication Same as address at A12, or Name of contact person Organisation name (if applicable New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime) Fax Do you authorise the person story organisation named at A14 to accommunication.	nication about this application Same as address at Ais, or Other ole) and address r (for New Zealand businesses only) Telephone (evening) Email tated at Ai4 to act on your behalf? Yes No sed immigration advisers or persons exempt from licensing who work for
Name and address for communication Same as address at A12, or Name of contact person Organisation name (if applicable New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime) Fax Do you authorise the person story organisation named at A14 to accommunication.	nication about this application Same as address at A3, or Other ole) and address r (for New Zealand businesses only) Telephone (evening) Email tated at A4 to act on your behalf? Yes No sed immigration advisers or persons exempt from licensing who work for ton your behalf (if applicable)? t A44 will receive all communication from Immigration New Zealand.
Name and address for communication Same as address at A12, or Name of contact person Organisation name (if applicable New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime) Fax Do you authorise the person standard at A14 to accompanisation named at A14 to	nication about this application Same as address at A13, or Other ole) and address r (for New Zealand businesses only) Telephone (evening) Email tated at A14 to act on your behalf? Yes No sed immigration advisers or persons exempt from licensing who work for on your behalf (if applicable)? t A14 will receive all communication from Immigration New Zealand. 14 may act on my behalf.
Name and address for communicated at A12, or Same as address at A12, or Name of contact person Organisation name (if applicable) New Zealand Business Number For help search: www.nzbn.govt.nz Telephone (daytime) Fax Do you authorise the person state of the person state of the person identified at A14 to accompanisation named at A14 to accompani	nication about this application Same as address at A13, or Other ole) and address r (for New Zealand businesses only) Telephone (evening) Email tated at A14 to act on your behalf? Yes No sed immigration advisers or persons exempt from licensing who work for on your behalf (if applicable)? t A14 will receive all communication from Immigration New Zealand. 14 may act on my behalf.

Section B	Partner's	personal	details
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A partner may be either legally married,	or in a civil union, or in a de facto relationship (whether opposite
or same sex).	

0	For more information, see 'Partner's identity and personal details' in the	e Paren	t Category Guide.	
B 1	Is your partner included in this application?			
	Yes You must provide evidence of your relationship as described in the Category Guide.	'Partne	er's identity and personal details'	section in the Parent
here	ch two passport-size photographs of your partner . The photographs must be less than six months old. e your partner's full name on the back of the photograph.			
B2	Partner's name as shown in passport			
	Family/last name		4.5cm	4.5cm
	Given/first name(s)		3.5cm	3.5cm
B3	Partner's preferred title			
	Mr Mrs Ms Miss Dr Other (specify)			
B4	Other names your partner is known by or has ever been kn	nown	by	
B5	Partner's name in ethnic script			
В6	Partner's gender	B 7	Date of birth	YIYIYI
B8	Partner's town/city of birth			
	Partner's country of birth			
В9	Other citizenships your partner holds			
B10	Details of all passports held by your partner			
	Passport 1			
	Number	Co	untry	
	Expiry date $\begin{bmatrix} D & D & D & D & D & D & D & D & D & D $	_	Place of issue	
	Family/last name as shown in passport	Giver	ı/first name(s) as shown i	n passport

	Passport 2				
	Number		Co	untry	
	Expiry date DIDIMINITY IN IS	sue date		Y Y Place of issue	
	Family/last name as shown in passpo	ort	Giver	n/first name(s) as shown in	n passport
	Passport 3				
	Number		Co	untry	
	Expiry date DIDIMINITY IN IS	sue date		Y Y Place of issue	
	Family/last name as shown in passpo	ort	Giver	n/first name(s) as shown i	n passport
C 0	ction C Family dotails				
	ction C Family details				
nece	nis section, please give details of ALI essary to list deceased family memb	ers. If yo	u or your partne		
be e	ligible for residence under the Pare For more information, see 'Family details' in the second sec				
				□ v □ N-	
C1	Do you or your partner (if any) have a				
CZ	Please give your parents' details. Incl deceased, give details of legal guardi		_		bie. II your parents are
	Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status (eg single, married, partner etc)	Country of residence
C3	Please give the details of your brothe	ers and si	sters. Include hal	f-, step-, and adopted bro	thers and sisters.
	Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status (eg single, married, partner etc)	Country of residence

C 4	Please give details of any children you have. Include any biological, adopted, and step-children from previous or
	current marriages/relationships.

Full name	Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status (eg single, married, partner etc)	Country of residence

Answer questions 🛭 to 🗗 if you are including a partner.	

In the following questions, please give details of ALL your partner's family. It is not necessary to list deceased family members.

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 (eg single, married, partner etc)	Country of residence

C6 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 (eg single, married, partner etc)	Country of residence

C 7	Does your partner have any children? This includes biological children, adopted children, and step-children from
	previous marriages/relationships.

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Yes. Provide details below.

No.	. Go to	Section	D: Cha	racter	require	ements

Gender (M/F)	Date of birth (DD/MM/YYYY)	Partnership status (eg single, married, partner etc)	Country of residence	Does the person intend to migrate with you? (Y/N)
			(M/F) (DD/MM/YYYY) (eg single, married,	(M/F) (DD/MM/YYYY) (eg single, married, residence

Section D Character requirements

The following questions apply to you and your partner (if included in this application).

f For more information, see 'Character requirements' in the *Parent Category Guide*. List the countries you and/or your partner have lived in for 12 months or more in (whether on one visit or intermittently) the last 10 years with the dates you began and ended living there. If you do not know the exact dates you began and ended living in a country, give approximate dates. Please include your home country. Name of applicant or partner Name of country Date of arrival Date of departure DIDIIMIMITYIYIY Name of applicant or partner Name of country Date of arrival Date of departure Name of applicant or partner Name of country Date of departure Date of arrival DIDIMIMIYIYIY DIDIMIMIYIYIY Name of applicant or partner Name of country Date of arrival Date of departure DIDIIMIMIIYIYIY DIDIIMIMIIYIYIYIY Have you attached police certificates for you and your partner from all countries you have lived in for 12 months or more (whether on one visit or intermittently) in the last 10 years? Yes No Have you attached police certificates for you and your partner from your country/countries of citizenship? Yes No For information on how to obtain a police certificate you can visit our website at www.immigration.govt.nz/policecertificate. If you do not have access to the internet you can call us on **0508 55 88 55** if you are in New Zealand, or **+64 9 914 4100** if you are outside New Zealand. If you have not provided all of the police certificates required, please explain why.

D3	Have you or your partner been convicted at any time of any offence, including any driving offence? Please note that this includes any conviction(s) outside of New Zealand subsequently cleared or wiped by 'clean slate' legislation. Yes \[\] No \[\]
D4	Are you or your partner currently: under investigation
D5	Do you or your partner currently have an outstanding arrest warrant in any country? Yes No No
D6	Have you or your partner ever been: excluded
D7	Have you or your partner ever been a member of, or adhered to, any terrorist organisation? Yes No
D8	Have you or your partner at any time in a public speech or public comments, or public broadcast, or in publicly distributing or publishing a document, argued that one race or colour is inherently inferior or superior to another race or colour; or used language intended to encourage hostility or ill will against any person or group of persons on the basis of colour, race, or ethnic or national origins of that person or group? Yes No
D9	Have you or your partner been (or currently are) a member of an organisation or group which had objectives or principles based on hostility against people or groups on the basis of colour, race or ethnic/national origins; or an assumption that persons of a particular race or colour are inherently inferior or superior to other races or colours?
	Yes
D10	Have you or your partner had (or currently have) an association with, membership of, or involvement with, any government, regime, group or agency that has advocated or committed war crimes, crimes against humanity and/or other gross human rights abuses?
	Yes No No
	If you have answered yes to any of the questions in this section, provide full details below. This includes full details of any charges, convictions and the sentence or penalty imposed. Continue on a separate piece of paper if necessary.

Se	ction E Health requirements			
E1	Have you and your partner (if included) submitt dated by a medical practitioner within the last 3			
	Yes Provide details in the table below.			
	No A General Medical Certificate (INZ 1007) and Chest X-r	ay Certi	ificate (INZ 1096) must be provided for every perso	on included in this application.
	Full name		Type of application	Date application was lodged (dd/mm/yy)
	1.			
	2.			
	If you and your partner (if included) have submit 36 months you do not need to provide further of			rtificate in the last
	• you or your partner's health status has deteri	orate	d since your previous medical certificat	te was issued, or
	 you or your partner have spent six consecutive country, area or territory not listed as having a for further information). 			
	Otherwise we will tell you if you need any further	er me	dical information. <i>Go to</i> [2].	
	If you or your partner (if included) have not sub and dated by a medical practitioner within the I		-	·
E 2	Tick the option(s) below which applies to you:			
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ites oi	r chest X-ray certificates at this stage.	Go to E4
	A physician is submitting a medical and/or X-ray	y certi	ificate for Principal applicant Par	tner. <i>Go to</i> E ₃
E3	Tick the option that applies to you: Is a physicia Immigration New Zealand on your behalf?	ın sub	mitting your medical and/or chest X-ra	ay certificate to
	Yes Has your physician supplied you with an eMedical r	eferend	ce Code (NZER)?	
	Yes Enter your eMedical Reference Code here.	PRIN	NCIPAL APPLICANT	
		PAR ³	TNER	
	No Enter the name of the clinic that is submit	ting yo	ur health information.	
	No If the physician has returned the medical and/or ch	est cert	tificate to you, then you will need to submit thes	e with your visa application.
E 4	Do you or your partner have tuberculosis (TB)?			
	Yes 🗌 No 🗌			
E 5	Do you or your partner have any medical condit stay in New Zealand?	ion th	nat requires, or may require, one of the	following during your
	Renal dialysis Yes 🗌 No 🗌			
	Hospital care Yes 🗌 No 🗌			
	Residential care* Yes No No			

*Residential care is defined as in-patient care for people with psychiatric, sensory or intellectual disabilities or live-in facilities for the aged.

E6	If you have answered Yes to any of the questions in $oxed{E_4}$ to $oxed{E_5}$, provide further details.		

Section F Amendments or new information

Please indicate any changes you wish to make to the information you provided in your Expression of Interest form in the table below. If any of the information you previously provided has changed or if your circumstances have changed, and this may affect your eligibility for residence in New Zealand, you must advise INZ. If the information relates to questions that you have previously left unanswered or have stated were not applicable, please indicate in the table below any additional or updated information and which questions these apply to.

Question number (for paper form EOI's only)	Page number (for paper form EOI's only)	Amendments or new information

Section G Application requirements

Evidence you must provide

You must provide:

- evidence of your relationship to your sponsoring New Zealand resident or citizen adult child
- a completed Sponsorship Form for Residence (INZ 1024)
- Inland Revenue tax statements (Summary of Income) or Inland Revenue Final Tax Summary (for self-employed) showing that your sponsor and/or your second sponsor meets the minimum income requirements
- acceptable English Language test result, completed qualification, or other evidence that you are a competent user of English.

Note: for more information, see 'Showing that you have an English-speaking background' and 'Showing that you are a competent user of English' in the guide 'English Language Information' (INZ1060)

f For more information, see the *Parent Category Guide*.

-			
G1	Have	VOL	ľ

- checked the content of your online Parent Category Expression of Interest Form or Parent Category Expression of Interest Form (INZ 1202)?
- provided updated information in Section F to reflect your current circumstances (where necessary)?

Yes No

- Yes No
- Has your sponsor (or sponsors) completed and signed the Sponsorship Form for Residence (INZ 1024)?
- ☐Yes ☐No

Provide your sponsor/s income for any two 12-month periods out of the past three years before your EOI being selected.

The required minimum income threshold is based on the median income that is in effect at the end of each 12-month period. For the income thresholds please visit www.immigration.govt.nz.

The two 12-month periods may not overlap.

Date of your ITA:

	From	То	Income threshold	Sponsor's income	Second sponsor's income
Year 1	/ /	/ /			
Year 2	/ /	/ /			

If you have an acceptable English language test result, provide details below:

Please confirm which test you have taken, and provide the relevant test details that will allow us to verify your test results (e.g. test report form number, candidate/test taker ID, any other unique number assigned to you (e.g. secret number, registration number)).

Date you sat your test	
Listening score	
Reading score	
Writing score	
Speaking score	
Overall score (if applicable)	



65 If your partner has an acceptable English language test result, provide details below:

Please confirm which test they have taken, and provide the relevant test details that will allow us to verify their test results (e.g. test report form number, candidate/test taker ID, any other unique number assigned to them (e.g. secret number, registration number)).

Date you sat your test	DIDJMIMJYIYIY
Listening score	
Reading score	
Writing score	
Speaking score	
Overall score (if applicable)	

Section H

Declaration

This section must be signed by the principal applicant and any partner who is included in the application. Make sure you understand the declarations below before you sign them.

f For more information, see 'Declarations' in the Parent Category Guide.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, my application may be declined. I may also lose any right to appeal any decline decision. I may be made liable for deportation and deported from New Zealand. I may also be committing an offence and liable to prosecution, a fine and imprisonment.

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

I declare that I have listed all my family members, including any adopted by custom 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, my application being declined or that I will become liable for deportation from New Zealand.

I will inform Immigration New Zealand of any relevant fact or change of circumstances that may (i) affect the decision on my application for a visa, or (ii) affect the decision to grant entry permission based on the visa for which I am applying.

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

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

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

I understand that Immigration New Zealand may provide information about my entitlement to work to potential employers via the online VisaView system. If I undertake a course of study while in New Zealand, I authorise Immigration New Zealand to provide information about my immigration status to my education provider, including via VisaView.

I authorise INZ to make any enquiries it deems necessary in respect of the information provided on this form and/or accompanying documentation, and to share this information with other government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.

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

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

I accept that any advice given to me by INZ before lodging this application was intended to assist me, and acting on that does not mean that my application for residence will be approved.

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

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

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

If my application is approved, I agree that the Ministry of Social Development may provide INZ with:

- any information concerning welfare assistance that I (or any other person included in my application for residence) have applied for, or have been granted, during the ten years in which my residence in New Zealand is supported, and
- any information that I provide to the Ministry of Social Development about my sponsor/s.

Should my residence application be approved, I understand that my resident visa will be subject to the condition under section 55 of the Immigration Act 2009 for ten years, that my sponsor/s must meet the obligations they agreed to in the *Sponsorship Form for Residence (INZ 1024)*. If my sponsor/s fails to meet their obligations, I understand I may become liable for deportation.

Signature of principal applicant	Date DIDIMINITINI		
Signature of partner	Date DIDIMINICATION		
Section I Immigration adviser's details			
This section must be completed by the applicant's immigration adviser. If advisers within an organisation to act on their behalf at $\frac{A \cdot G}{A}$, only the personal section. If the applicant does not have an immigration adviser, this section	n named at 🗚 must complete this		
Tick the one option that applies to you.			
I am a licensed immigration adviser under the New Zealand Immigration Advisers Licensing Act 2007. <i>Go to</i> 2			
\square I am exempt from licensing under the New Zealand Immigration Advisers Licensing Act 2007. <i>Go to</i> \square			
If you are unlicensed when you should be licensed under the Immigration Advisers Licensin your client's application. It is an offence to provide immigration advice without holding a lic	- · · · · · · · · · · · · · · · · · · ·		
Licensed advisers. Please provide your licence details.			
Licence type			
full provisional limited. List conditions specified in the register.			
Licence number 2 0 Go to Section J: Declaration by person a	ssisting the applicant.		

l3 Exempt from licensing. Tick one	oox below to show w	hy you are exempt from lid	ensing.	
I provided immigration advice systematically or for a fee.	in an informal or fam	ily context only, and I did	not provide the advice	
I am a New Zealand member of as part of my employment agr		per of their staff and I prov	ided immigration advice	
I am a foreign diplomat or con	sular staff.			
I am an employee of the New Z of my employment agreement		and I provided immigration	on advice within the scope	
I am a lawyer and I hold a curre High Court of New Zealand.	ent practising certific	ate as a barrister or as a b	arrister and solicitor of the	
	dy of the community	law centre or is employed	ity law centre where at least one by or working as a volunteer for	
\square I am employed by, or I am worl	king as a volunteer fo	or, a New Zealand citizens a	advice bureau.	
Go to Section J: Declaration by person ass	isting the applicant.			
				_
Section J Declaration by per	son assisting the	e applicant		
assisted the applicant by providing i applicant. If the applicant does not he form, this section does not have to but the section does not have to be section does not have the section does not have	nave an immigration be completed.	adviser, and no one help	ed the applicant to fill in this	
your client's application. It is an offence to prov				
For more information, go to the Immigration Ad at PO Box 6222, Wellesley Street, Auckland 1141,		vww.iaa.govt.nz, or email info@	i iaa.govt.nz or write to them	
Name and address of person assisting	applicant \square Same	as name and address give	n at 🗚, or 🗌 as below.	
Family/last name		Given/first name(s)		
Organisation name (if applicable) and a	address			
New Zealand Business Number (for Ne For help search: www.nzbn.govt.nz	w Zealand businesse	s only)		
Telephone (daytime)		Telephone (evening)		
Fax	Email			
I understand that after the applicant h change any documents attached to th needed, the person making the change	e form, or attach any	further documents to the	form. However, if changes are	١,

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.			
	have assisted the applicant as an interpreter/translator		
	have assisted the applicant with recording information on the form		
	have assisted the applicant in another way. <i>Specify</i>		
	have provided immigration advice (as defined in the Immigration Advisers Licensing Act 2007) and my details n Section I: Immigration adviser's details, are correct.		
Sign	ture of person assisting Date Date		

About the information you provide

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

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

It is an offence to employ a person who is not entitled to work in New Zealand. One way for employers to avoid committing this offence is to check a person's entitlement to work with Immigration New Zealand's online VisaView system. VisaView is authorised by legislation.

If you believe that an employer has been given the wrong entitlement information via VisaView you may contact the Immigration Contact Centre (0508 558 855) to request correction of that information.

Deciding whether you are eligible to board a flight to New Zealand

The information we collect may also be used to determine whether you are allowed to board a flight to New Zealand.

We will not share your personal information with airline check-in agents; however, we will send a boarding message to the airline check-in agent based on the information you have provided in this form.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You are able to ask for the information we hold about you and have any of it corrected if you think it is necessary. The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. This is not where your application should be sent.

Other documents we may need or you may wish to send

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

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

Section K

Paying your application fee and immigration levy

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

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

Your application fee and immigration levy

Amount you are paying:
Amount
Currency
(e.g. NZD, USD, RMB)
Application number (office use only)
Credit/debit card details
Credit card (choose one)
☐ Mastercard ☐ Visa
SWITCH card (UK only) SWITCH card Issue number
Name of cardholder
Card number
CVC/CVV number
Note: your CVC/CVV number is the three-digit number found on the signature strip on the back of your credit card.
Expiry date DIDIMIMITYIYIY
Signature of cardholder
Date DIDIMIMINIANIA



Application checklist			
Office Use only	Information and documents you must supply	Check list	
	I have completed the application form.		
	Each person included in the application has signed the form.		
	I have provided the application fee and immigration levy.		
	I have attached passports or travel documents (the original documents or certified copies) for each person included in the application.		
	I have attached full birth certificates for every person included in the application.		
	I have attached a completed <i>General Medical Certificate (INZ</i> 1007) and Chest X-ray Certificate (INZ 1096) (less than three months old) for every person, if required.		
	I have attached police certificate(s) (less than six months old) for every person included in this application.		
	I have attached two recent passport-size photographs of each person included in the application.		
	I have attached the required evidence as outlined in Section G: Application requirements, and in the <i>Parent Category Guide (INZ 1207)</i> .		
	I have attached a <i>Sponsorship Form for Residence (INZ</i> 1024) completed by my sponsor.		
Re	turning your documents		

Please return documents	to me by	secure	post a	at the	9
address given at:					

A12

☐ A13

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For more information

If you have questions about completing the form:

- see our website **www.immigration.govt.nz/contactus**, or
- telephone our call centre on 0508 558 855 (within New Zealand).

