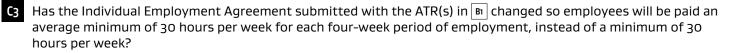
OFFICE USE ONLY Client no.:	Date received: / / Application no.:	
August 2024	INZ 1388	
BEW ZEALAND MMIGRATION	Variation of Agreement to Recruit	
	under the Recognised Seasonal Employer Scheme	
When to use this for	m	
Use this form if you wan 2 September 2024.	t to vary one or more Agreement(s) to Recruit (ATR) submitted or approved before	
To find out more, go to www.immigration.govt.nz/rse-changes		
Fill out this form clearly and in CAPITAL LETTERS.		
Section A Business	details	
A1 Enter your business na	ame.	
A2 Recognised Seasonal E	.mployer number	
Section B Agreeme	nt(s) to Recruit	
	mber of each ATR you want to vary.	
1 2	7	
3	8	
4	9	
5	10	
Section C Employe	r requirements for variation of ATR	
C1 On behalf of the busin	ess, do you confirm that the the following documents submitted with the ATR(s) in 🖪 have not	
been offered to worke		
Deduction consent for	t Agreement 🗌 Yes 🗌 No	
C2 Has the Individual Employment Agreement submitted with the ATR(s) in B changed so employees in their first or		
second season will be paid at least the adult minimum wage rate? To see the current adult minimum wage rate, go to: www.employment.govt.nz/minimum-wage-rates-and-types.		
Yes No		



🗌 Yes 🗌 No

Has the deduction amount for accommodation costs submitted with the ATR(s) in n increased by a maximum of either 15% or \$15 per week, whichever is the lesser, (and only in addition to the previously frozen amount) and the deduction consent form been amended to reflect this increase?

🗌 Yes 🗌 No

C5 On behalf of the business, do you confirm that you have not made any additional changes to the Individual Employment Agreement and deduction consent form submitted with the ATR(s) in B aside from the changes indicated in a and a above.

🗌 Yes 🗌 No

Section D Declaration by Employer

This section must be read and signed by a person who has authority to make representations and enter into agreements on the employer's behalf.

I understand the notes and questions in this form and I declare that the information given about my business is true and correct.

I understand that further information relating to business records, sets of accounts, financial statements and other records deemed necessary may be requested.

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, I may be committing an offence under sections 342 and 348 of the Immigration Act 2009 and may be liable to prosecution.

Note: this form must be signed by a person who has authority to make representations and enter into legally binding agreements on behalf of the business.

Job title or position	
Name:	
Signature of employer	Date DD / MM / YYYY

Section E Email form

Check you have answered all the questions that apply to you.

Post your completed form to: Recognised Seasonal Employer Unit Immigration New Zealand PO Box 50728 Porirua 5240

Or email your completed form to: RSEUnit@mbie.govt.nz

