Customer Refund Request
Form (Parent Category EOI)

This form is for people who wish to request a refund of their Parent Category EOI fee.

Section A  Applicant information

A1 Family/last name

Given/first name(s)

A2 Date of birth D M Y Y

A3 Current address

A4 Daytime phone number

A5 Email address Remittance advice will be sent to this email

A6 Expression of interest number

Signature Date

Section B  Reason for refund

Provide details of the reason for this refund

Section C  Payment details

Payment to a New Zealand bank account is preferred (fastest method).
If you wish to receive payment by credit card you must send us this form by post.

Direct credit to New Zealand bank account

You must provide evidence of your bank account number. This can be a bank statement, deposit slip or screen shot of your bank account details.

Name of bank account holder

Bank account number Prefix Branch Account number Suffix

Bank name
Direct credit to International bank account  *(Your bank may charge you a fee for receiving the refund)*

You must provide evidence of your international bank account number. This can be a bank statement, deposit slip or screen shot of your bank account details.

Name of bank account holder  

Bank account number  
Prefix  Branch  Account number  Suffix  Bank Swift Code  

Bank name  

Credit card  *(you can use this option if you originally paid by credit card)*

We are unable to accept credit card details by email. If you wish to have your refund paid into your credit card please send your form to us by post.  

☐ Mastercard  ☐ Visa  

Name of cardholder  

Card number  Expiry date  

Signature of cardholder  

Section D  Contact details  

If the refund is paid to a bank account:  
Send your completed form by email to:  
EOIfeerefund@mbie.govt.nz  

If the refund is paid to a credit card:  
Send your completed form by post only to:  
Immigration New Zealand  
PO Box 76895  
Manukau 2241  
Auckland, New Zealand  

Office use only  

☐ Proof of payment attached  

Refund amount  $  

Finance GL code  

Case officer’s name  

Approval date  

Currency  

Approved for payment by *(must be Schedule 2 officer)*  

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