

November 2016

INZ 1009



Details of Intended Medical Treatment

Details of medical treatment intended to be undertaken in New Zealand

Section A Applicant's personal details

This form accompanies your application for a visitor visa.

A1 Name of person requiring medical treatment, as shown in passport or travel document

Family/last name

Given/first name(s)

A2 Type of medical treatment or consultation required in New Zealand

A3 Details of treatment provider

Full name of doctor/specialist

Address of hospital/consulting rooms

A4 Date of appointment(s) or admission to hospital

A5 What evidence have you provided of the arrangements you have made to cover the costs of your treatment?

A6 How long do you expect your medical treatment in New Zealand to last? months days

Section B Declaration

I understand the questions in this form and the information I have given is true and complete.

Signature of applicant Date

Office seal

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 a 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.

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.