

May 2019

INZ 1163



# 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).

Lawyers provide immigration advice and are exempt from licensing under the Immigration Advisers Licensing Act 2007. For more information and to view the register of immigration lawyers, go to the New Zealand Law Society website [www.lawsociety.org.nz](http://www.lawsociety.org.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

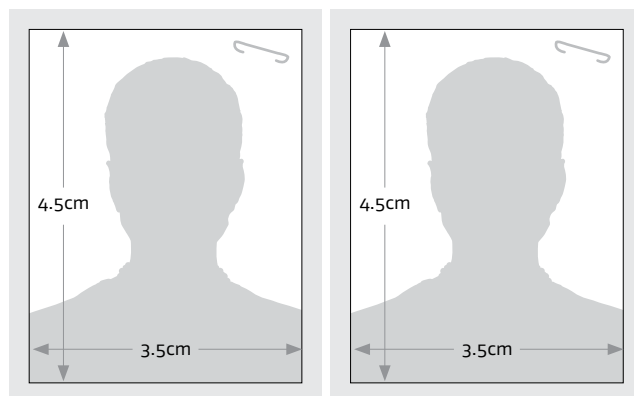
Family/last name

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 | 

D	D	M	M	Y	Y	Y	Y
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**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/De facto  
 Separated  Engaged  Widowed  Divorced

### Your documents

**A10** Provide details of your birth certificate. Birth certificate number | \_\_\_\_\_  
Name of issuing authority | \_\_\_\_\_

**A11** Provide details of your taxation number (if you have one). Taxation number | \_\_\_\_\_  
Country | \_\_\_\_\_

**A12** Provide your social security number (if you have one). Social security number | \_\_\_\_\_  
Country | \_\_\_\_\_

**A13** 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 | 

D	D	M	M	Y	Y	Y	Y
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 Place of issue | \_\_\_\_\_

**Passport 2**

Number | \_\_\_\_\_ Country | \_\_\_\_\_  
Name as shown in passport  
Family/last name \_\_\_\_\_ Given/first name(s) \_\_\_\_\_  
Expiry date | 

D	D	M	M	Y	Y	Y	Y
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 Place of issue | \_\_\_\_\_

**Passport 3**

Number | \_\_\_\_\_ Country | \_\_\_\_\_  
Name as shown in passport  
Family/last name \_\_\_\_\_ Given/first name(s) \_\_\_\_\_  
Expiry date | 

D	D	M	M	Y	Y	Y	Y
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 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

Name of contact person

Organisation name (if applicable) and address

New Zealand Business Number (for New Zealand businesses only)

For help search: [www.nzbn.govt.nz](http://www.nzbn.govt.nz)

Telephone (daytime)  Telephone (evening)

Fax  Email

### B3 Do you authorise the person stated at **B2** to act on your behalf? Yes No

### B4 Do you authorise all other licensed immigration advisers or persons exempt from licensing who work for the organisation named at **B2** to act on your behalf (if applicable)?

Yes *Note: the person identified at **B2** will receive all communication from Immigration New Zealand.*

No *Only the person indicated at **B2** may act on my behalf.*

### B5 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 L: Immigration adviser's details.*

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 (e.g. single, married, partner/de facto, etc.)	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 (e.g. single, married, partner/de facto, etc.)	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 (e.g. single, married, partner/de facto, etc.)	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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**D3** Is your partner included in your residence application?  Yes  No

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

Family/last name

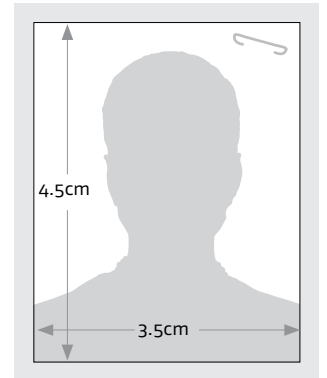
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Given/first name(s)

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**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

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**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 (e.g. single, married, partner/de facto, etc.)	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 (e.g. single, married, partner/de facto, etc.)	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 (e.g. single, married, partner/de facto, etc.)	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/De facto

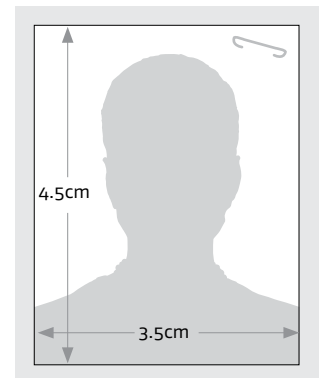
Separated

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/De facto  
 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

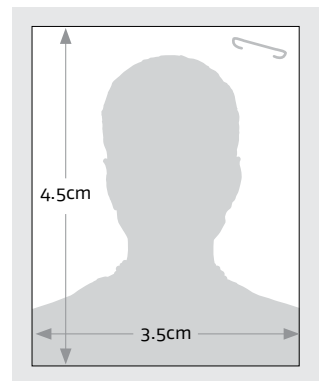
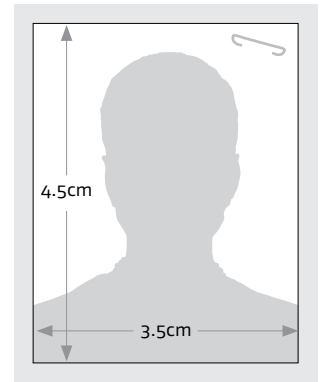
Number  Country  Expiry date

**E25** Other citizenships child holds

**E26** Partnership status

- Married/in civil union  Never married/never in civil union  Partner/De facto  
 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/De facto

Separated

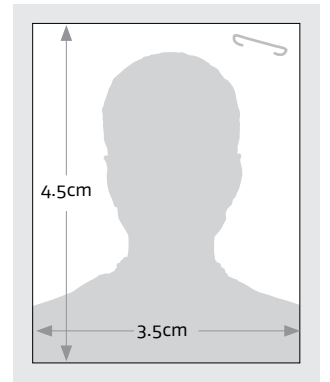
Engaged

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.

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**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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## 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 this application, 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

**G4** Are you, or is anyone included in this application, currently:

- under investigation  Yes  No
- wanted for questioning  Yes  No
- facing charges  Yes  No

for any offence in any country?

**G5** Do you, or does anyone included in this application, currently have an outstanding arrest warrant in any country?

Yes  No

**G6** Have you, or has anyone included in this application, ever been:

- excluded  Yes  No
- refused entry  Yes  No
- removed or deported  Yes  No

from any country, excluding New Zealand?

**G7** Have you, or has anyone included in this application, ever been a member of, or adhered to, any terrorist organisation?

Yes  No

**G8** Have you, or has anyone included in this application, 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

**G9** Have you, or has anyone included in this application, 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  No

**G10** Have you, or has anyone included in this application, 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

If you have answered yes to any of the questions above give full details. This includes full details of any charges, convictions and the sentence or penalty imposed. Continue on a separate piece of paper if necessary.

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## Section H Fit and proper person requirements

**H1** Have all businesses you have had significant influence over complied with all immigration, employment and taxation laws?

**i** Significant influence includes, but is not limited to, control of management and administrative functions when acting as a director or senior manager.

Yes  No (provide details)

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**H2** Have you ever been investigated by the Serious Fraud Office or the New Zealand Police for any offences arising in the course of, or resulting from, business dealings?

Yes (provide details)  No

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**H3** Have you ever been involved in business fraud or financial impropriety?  Yes (provide details)  No

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## Section I Health

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

**I1** Have you or any person included in this application submitted a *General Medical Certificate (INZ 1007)* and *Chest X-ray Certificate (INZ 1096)* that were completed and dated by a medical practitioner within the last 36 months with another Immigration New Zealand application?

Yes Provide details in the table below

No A General Medical Certificate (INZ 1007) and Chest X-ray Certificate (INZ 1096) must be provided for every person included in this application. Go to **I2**

	Full name	Type of application	Date application was lodged (DD/MM/YY)
1.			/ /
2.			/ /
3.			/ /
4.			/ /
5.			/ /
6.			/ /

If everyone included in the application has submitted a medical certificate and chest X-ray certificate in the last 36 months you do not need to provide further certificates now, unless:

- the health status of any applicant has deteriorated since their previous medical certificate was issued, or
- any applicant included in your application has spent six consecutive months since their last chest X-ray certificate was issued, in a country, area or territory not listed as having a low incidence of TB (see the leaflet *Health Requirements (INZ 1121)* for further information).

Otherwise we will tell you if you need any further medical information. Go to  12

If not everyone included in the application has submitted medical certificates that were completed and dated by a medical practitioner within the last 36 months, they will have to provide certificates now. Go to  12

12 Tick the option(s) below which applies to you:

- I do not have to provide any medical certificates or chest X-ray certificates at this stage
- I am providing a *Medical certificate(s) (INZ 1007)* for  principal applicant  partner  child(ren)
- I am providing a *Chest X-ray Certificate(s) (INZ 1096)* for  principal applicant  partner  child(ren)

13 Do you, or anyone included in your application require, or are likely to require, dialysis treatment in the immediate future?

Yes  No

14 Do you, or anyone included in your application have tuberculosis (TB)?

Yes  No

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

Yes  No

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

Yes  No

17 Do you have a dependent child included in this application who requires special education services? (See 'Completing Section I: Health requirements' in the *Investor Plus (Investor 1 Category Guide) (INZ 1162)* for further information).

Yes  No

18 If you answered Yes to any of the questions in  13 to  17, 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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19 Tick the option that applies to you: Is a physician submitting your medical and/or chest X-ray certificate to Immigration New Zealand on your behalf?

Yes *Has your physician supplied you with an eMedical Reference Code (NZER)?*

Yes *Enter your eMedical Reference Code here:*

No *Enter the name of the clinic that is submitting your health information:*

No *If the physician has returned the medical and/or chest X-ray certificate to you, then you will need to submit these with your visa application.*

**Section J Investment funds**

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

**J1 Investor Plus (Investor 1 Category):**

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

Yes  No

**J2** What kind of investment do you propose undertaking?

(indicative proposal)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**J3** Who owns these funds?

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

**J4** Please show the type and location of the funds and/or assets that will be used for the purpose of the investment stated in **J1**.

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

**J5** Please explain how you earned or acquired these funds and/or assets. Continue on a separate sheet of paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**J6** 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

**J7** Were any of the funds and/or assets you nominated at **J4** gifted to you?

Yes  No Go to **J8**

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

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**J8** Please list below the documents you have provided to support the claims you have made in this section.

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## Section K Growth Investments

You must complete this section if you are placing funds into 'growth investments'.

**i** For more information about the questions in this section, see 'Completing Section K: 'Growth Investments' in the *Investor (Investor 1 Category) Guide*.

**K1** Do you intend to place funds in growth investments?

Yes Go to **K2**

No Go to **L1**

**K2** Total amount of funds to be placed in growth investments (minimum of NZ\$2.5million)

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## Section L Philanthropic Investment

Philanthropic investments are limited to registered charities or Not-for-Profit organisations.

**i** For more information about the questions in this section, see 'Completing Section L: 'Philanthropic Investments' in the *Investor (Investor 1 Category) Guide*.

**L1** Do you intend to place funds in philanthropic investments?

Yes Go to **L2**

No Go to **M**

**L2** Total amount of funds to be placed in philanthropic investments (maximum 15% of nominated funds)

## Section M 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/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, healthcare 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 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	<input type="text"/>	Date	<input type="text"/>
Signature of partner (if applicable)	<input type="text"/>	Date	<input type="text"/>
Signatures of accompanying dependent children over 18 years of age (if applicable)	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>	Date	<input type="text"/>

## Section N Immigration adviser's details

This section must be completed by the applicant's immigration adviser. If the applicant has authorised all advisers within an organisation to act on their behalf at **B4**, only the person named at **B2** must complete this section. If the applicant does not have an immigration adviser, this section does not have to be completed.

**N1** Tick the one option that applies to you.

I am a licensed immigration adviser under the New Zealand Immigration Advisers Licensing Act 2007. Go to **N2**

I am exempt from licensing under the New Zealand Immigration Advisers Licensing Act 2007. Go to **N3**

*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, unless you are exempt.*

**N2** Licensed advisers. Please provide your licence details.

Licence type

full  provisional  limited *List conditions specified in the register*

Licence number  Go to Section O: Declaration by person assisting the applicant.

**N3** Exempt from licensing. Tick one box below to show why you are exempt from licensing.

I provided immigration advice in an informal or family context only, and I did not provide the advice systematically or for a fee.

I am a New Zealand member of Parliament or member of their staff and I provided immigration advice as part of my employment agreement.

I am a foreign diplomat or consular staff.

I am an employee of the New Zealand public service and I provided immigration advice within the scope of my employment agreement.

I am a lawyer and I hold a current practising certificate as a barrister or as a barrister and solicitor of the High Court of New Zealand.

I am employed by, or I am working as a volunteer for, a New Zealand community law centre where at least one lawyer is on the employing body of the community law centre or is employed by or working as a volunteer for the community law centre in a supervisory capacity.

I am employed by, or I am working as a volunteer for, a New Zealand citizens advice bureau.

*Go to Section O: Declaration by person assisting the applicant.*

**Section O 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 name and address given at **B2**, or  as below.

Family/last name

Given/first name(s)

Organisation name (if applicable) and address

New Zealand Business Number (for New Zealand businesses only)

For help search: [www.nzbn.govt.nz](http://www.nzbn.govt.nz)

Telephone (daytime)

Telephone (evening)

Fax

Email

I understand that after the applicant has signed this form it is an offence for me to change or add further information, or change or add any documents attached to the form, without making a statement identifying what information or material has been changed, added or attached and by whom. If I make these changes or additions, I must state on the form what they were, who made them and the reason they were made.

I understand 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.

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 N: Immigration adviser’s details are correct.

Signature of person assisting

Date

## Returning your documents

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

- B1  
 B2

## 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 and immigration levy.	<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 or my physician have submitted a General Medical Certificate (INZ 1007) (less than three months old) for every applicant if required.	<input type="checkbox"/>
<input type="checkbox"/>	I or my physician have submitted a chest X-ray Certificate (INZ 1096) (less than three months old) for every applicant if required.	<input type="checkbox"/>

## Section P

## Paying your application fee and immigration levy

To find out how much to pay, where to send your application, and how long a decision may take, see [www.immigration.govt.nz/fees](http://www.immigration.govt.nz/fees).

### Your application fee and immigration levy

Amount you are paying:

Amount

Currency

(e.g. NZD, USD, CNY)

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

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

Signature of cardholder

Date

### Other methods of payment

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

**We do not accept money orders or cash.**



## 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.

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).

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 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/contactus](http://www.immigration.govt.nz/contactus)
- telephone our call centre on 0508 558 855 (within New Zealand).