| OFFICE USE ONLY | Client no.: | Date received: / / | Application no |
|-----------------|-------------|--------------------|----------------|

INZ 1212 February 2023



Formal Notification of **Crew Deserter**

| | nder Family Category, Residence from Work Category, and special instructions | | | | | | |
|--|--|------------------------------|------------------------|------------------|--|--|--|
| Once completed, this form must be scanned and emailed to: SouthernCompliance@mbie.govt.nz. | | | | | | | |
| Notifying company deta | ails | | | | | | |
| Company name and address | | | | | | | |
| | | | | | | | |
| New Zealand Business Number (if applicable) For help search: www.nzbn.govt.nz | | | | | | | |
| Company representative | | Position/Title | | | | | |
| Telephone (daytime) | | Telephone (evening) | | | | | |
| Fax | Email | | | | | | |
| To: Immigration New Ze | ealand | | | | | | |
| | Manager, Compliance Branch. | Date DIDJ[MIMJ[Y]Y]Y]Y | | | | | |
| I write to formally advise tha | at the following crew member(s) h nmigration New Zealand, Complia | as/have deserted their vesse | el. Passport(s) will l | | | | |
| Vessel details | | | | | | | |
| Vessel name | | | Desertion date | DD/MM/YY | | | |
| Port deserted | | | | | | | |
| Deserting crew details* | | | | | | | |
| Name | Country of origin | Passport number | Client | number | | | |
| | | | | | | | |
| | | | | | | | |
| The following action has bee action details. | en taken to find the deserting crew | nember(s).*Use the back o | f this sheet for add | ditional crew or | | | |
| | | | | | | | |
| Name | | Title | | | | | |



Additional deserting crew details*

| Name | Country of origin | Passport number | Client number |
|---------------------------------|---------------------------------|---------------------------------------|---------------|
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| The following action has been t | aken to find the deserting crew | member(s). | |
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