July 2021 INZ 1222



Entrepreneur Work Visa Application

Application for an Entrepreneur Work Visa

Use the guide to help you complete the application form

Read the *Entrepreneur Work Visa Guide (INZ 1221)* **before** you complete this application form. The guide contains helpful information about how to complete the application form. When you have completed the form, use the checklist at the end to make sure you have sent all the documents and information we need.

The Entrepreneur Work Visa has a number of requirements. Among other requirements, you must demonstrate a minimum capital investment, submit a detailed business plan and be able to claim at least 120 points in the Points Scale at Section N of this form. Check the Points Scale before you begin, to ensure that you will meet the minimum points requirement.

We will process your application only when we receive **all** the information and documents we need. If you do not send all the required information, we will return your application.

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, INZ 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** or email **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.

When filling in this form, please write clearly in English using CAPITAL LETTERS.

All documents provided in support of your application must be originals or certified copies.

Section A Principal applicant's personal details

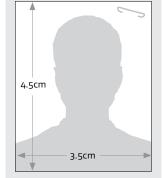
All principal applicants must complete this section.

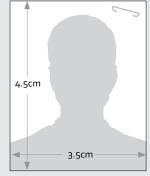
Attach **two** passport-size photographs of yourself here. The photographs must be less than six months old. Write your full name on the back of each photograph.

- For more information about the questions in this section, see 'Completing Section A: Principal applicant's personal details' in the Entrepreneur Work Visa Guide.
- A1 Name as shown in passport

Family/last name

Given/first name(s)





| Wher | filling in this form, please write clearly using CAPITAL LETTERS. | |
|------------|---|---------|
| A2 | Preferred title Mr Mrs Ms Miss Dr Dr other (specify) 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 DIDIMINITY OF birth | |
| | Country of birth | |
| A8 | Passport details | |
| | Country Expiry date DID II MIN II Y | TYTYTY |
| A 9 | Other citizenships currently held | |
| A10 | Partnership status Single Separated Partner/De facto Married/in civil union Engaged Widowed | Divorce |
| A11 | Is this your initial Entrepreneur Work Visa application or a renewal? Initial application – complete all sections of this form. Renewal of Entrepreneur Work Visa or Long Term Business Visa - complete any sections that have char since your previous application, and provide an updated business plan, financial information and a cover explaining why you need a renewal. | _ |
| Se | tion B Principal applicant's contact details | |
| All p | rincipal applicants must complete this section. | |
| B 1 | Current home address and telephone number | |
| | Telephone (daytime) | |

Email

B2 Address in your home country (if different from above)

Fax

Address

2 – Entrepreneur Work Visa Application – July 2021

| | Same as address at Bi, or Name of contact person | Same as a | : this application ddress at ᠍, or | | |
|------------|--|--|---|---|----------------------------|
| | Organisation name (if applicat | ole) and addres | SS | | |
| | New Zealand Business Numbe | r (if applicable |) [| For help | o search: www.nzbn.govt.nz |
| | Telephone (daytime) | | Te | elephone (evening) | |
| | Fax | | Email | | |
| B4 | If you have given the name an | | n agent at 🗷 , do | you authorise that agen | t to act on your behalf? |
| B5 | Do you authorise all other licer organisation named at B ₃ to a | ct on your beh | alf (if applicable) | ? | ing who work for the |
| | Yes Note: the person identified a | _ | | om Immigration New Zealand. | |
| | No Only the person indicated at | may act on my | behalf. | | |
| В6 | Have you received immigration | n advice on thi | s application? | | |
| 0 | You can find a definition of immigrati | on advice at www | .immigration.govt. | nz/advice. | |
| | Yes Make sure that your immigra | tion adviser comp | letes Section R: Imn | nigration adviser's details. | |
| | ∐No | | | | |
| Se | ection C Principal applica | ant's family | details | | |
| C 1 | Give details of all your family, It is not necessary to list dece | | | not, including those ado | pted legally or by custom. |
| | Parents (biological and add | optive). If both par | ents are deceased, gi | ve details of legal guardians (if ar | y) and/or grandparents. |
| | Full name | Gender (M/F) | Date of birth (DD/MM/YY) | Partnership status (e.g. single, married, partner/de facto, etc.) | Country of residence |
| | | | | | |
| | | | / / | | |
| | | | / / | | |
| | | | / / / / / / | | |
| | | | / / / / / / | | |
| | Bro | thers and sisters (| / / / / / / / | nd adopted brothers and sisters | |
| | Bro Full name | thers and sisters (Gender (M/F) | / / / / / / including half, step- a Date of birth (DD/MM/YY) | nd adopted brothers and sisters) Partnership status (e.g. single, married, partner/de facto, etc.) | Country of residence |
| | | Gender | Date of birth | Partnership status (e.g. single, married, | |
| | | Gender | Date of birth | Partnership status (e.g. single, married, | |
| | | Gender | Date of birth | Partnership status (e.g. single, married, | |
| | | Gender | Date of birth | Partnership status (e.g. single, married, | |

| Children (including biologica | Children (including biological, adopted and step-children, including those from previous marriages/relationships). | | | | | |
|-------------------------------|--|---------------|---|---|----------------------|---|
| Full name | Gender (M/F) | Date of (DD/M | | Partnership status (e.g. single, married, partner/de facto, etc.) | Country of residence | Does the person intend to migrate with you? (Y/N) |
| | | / | / | | | |
| | | / | / | | | |
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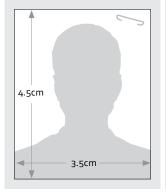
| Section D | Partner's perso | nal details |
|-----------|-----------------|-------------|
| | | |

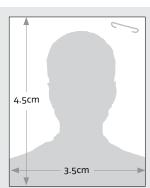
for a definition of partner and more information on the questions in this section see 'Completing Section D: Partner's personal details' in the Entrepreneur Work Visa Guide.

Attach **two** passport-size photographs of your partner here. The photographs must be less than six months old. Write your partner's full name on the back of each photograph.

Partner's name as shown in passport Family/last name

Given/first name(s)





| 2 | Partner's preferred title | Mr 🗌 | Mrs 🗌 | Ms | Miss | Dr | Other (specify) | |
|---|---------------------------|------|-------|----|------|----|-----------------|--|
|---|---------------------------|------|-------|----|------|----|-----------------|--|

Other names your partner is known by or has ever been known by

D5 Partner's gender Male Female D6 Partner's date of birth

Partner's town/city of birth

Partner's country of birth

Other citizenships your partner holds

| D9 | Passport details | | | | | |
|-----|--|-----------------|-----------------------------|---|--------------------------------------|-----------------------------------|
| | Number | | | | | |
| | Country | | | E | xpiry date DDD | M |
| D10 | Is your partner applying for a work | or visito | r visa? 🗌 Work [| Visitor | | |
| | If your partner is included in this a See Partnership-Based Temporary | | | | | |
| D11 | How long have you been living tog | ether in t | his partnership? | Years | Months | |
| D12 | Do you meet the minimum require | ments fo | r recognition of p | artnership? | □No | |
| D13 | Are you living together in a genuir on a long-term and exclusive basis | | | | | ng maintained |
| | | | | | | |
| | | | | | | |
| Se | ction E Partner's family de | tails | | | | |
| E1 | Give details of all your partner's fa or by custom. It is not necessary t | - | | - | ing those adopte | ed legally |
| | Parents (biological and adoptive | e). If both pa | | | | |
| | Full name | Gender (M/F) | Date of birth (DD/MM/YY) | Partnership status (e.g. single, married, partner/de facto, etc.) | | of residence |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |
| | Brothers | and cictors | lincluding half sten- a | nd adopted brothers and si | ctorcl | |
| | Full name | Gender (M/F) | Date of birth (DD/MM/YY) | Partnership status (e.g. single, married, partner/de facto, etc.) | Country | of residence |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |
| | Children finale din a historia | | | . di 4b 6 | i/i | -1 |
| | Children (including biologic Full name | Gender | Date of birth | Partnership status | marriages/relationsnip Country of | Does the person |
| | | (M/F) | (DD/MM/YY) | (e.g. single, married, partner/de facto, etc.) | residence | intend to migrate with you? (Y/N) |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |

Section F Dependent children

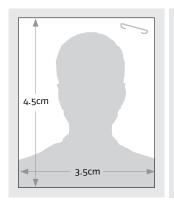
Supply the following details for each dependent child included in this application. Ensure that you complete [29] (at the end of this section). If you have no dependent children included in this application, go to Section G: Character requirements.

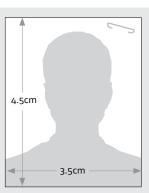
for more information on the questions in this section see 'Completing Section F: Dependent children' in the Entrepreneur Work Visa Guide.

Dependent child one

Attach two recent passport-size photographs of the child here. The photographs must be less than six months old. Write the child's full name on the back of each photograph.

Child's name as shown in passport Family/last name Given/first name(s)





Child's gender Male Female

Child's date of birth

Child's country of birth

Child's passport details

Partnership status

Expiry date $|_{\frac{D}{1}}$ Number Country

Other citizenships child holds

Single Married/in civil union

Engaged Widowed

Separated

Does this child have children of his/her own? Yes No

Is your child applying for a student or visitor visa?

Student

Visitor

Dependent child two

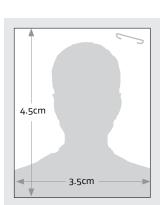
Attach two recent passport-size photographs of the child Write the child's full name on the back of each photograph.

here. The photographs must be less than six months old.

Child's name as shown in passport

Family/last name

4.5cm



Divorced

Partner/De facto

Given/first name(s)

Child's date of birth $\left\lfloor_{\mathsf{D} \mid \mathsf{D} \mid \mathsf{M} \mid \mathsf{M} \mid \mathsf{V} \mid \mathsf{V} \mid \mathsf{V}}\right\rfloor$

Child's country of birth

Child's passport details

Expiry date DEDIM MILY Y Y Y Number Country

| F15 | Other citizenships child h | nolds | | | |
|------|---|--|--------------------------------------|---------------------------------|-----------|
| F16 | Partnership status | Single Married/in civil union | ☐ Separated ☐ Engaged | ☐ Partner/De facto☐ Widowed | Divorced |
| F17 | Does this child have child | dren of his/her own? 🗌 Yes 📗 | No | | |
| F18 | Is your child applying for | a student or visitor visa? | Student 🗌 Visitor | | |
| Dep | endent child three | | | | |
| here | e. The photographs must l | ize photographs of the child be less than six months old. the back of each photograph. | | | |
| F19 | Child's name as shown in Family/last name | n passport | 4.5cm | 4.5cm | |
| | Given/first name(s) | | 3.5cm - | 3.5cm | — |
| F20 | Child's gender | Female F21 Child | 's date of birth $\Big _{_{D} _{D}}$ | | |
| F22 | Child's country of birth | | | | |
| F23 | Child's passport details | | | | |
| | Number | Country | | Expiry date | MIYIYIYIY |
| F24 | Other citizenships child h | nolds | | | |
| F25 | Partnership status | ☐ Single ☐ Married/in civil union | ☐ Separated ☐ Engaged | ☐ Partner/De facto ☐ Widowed | Divorced |
| F26 | Does this child have child | dren of his/her own? 🗌 Yes 📗 | No | | |
| F27 | Is your child applying for | a student or visitor visa? | Student 🗌 Visitor | | |
| Dep | endent child four | | A | | |
| here | e. The photographs must l | ize photographs of the child be less than six months old. the back of each photograph. | | | |
| F28 | Child's name as shown in | n passport | 4.5cm | 4.5cm | 7 |
| | Family/last name | | | | |
| | Given/first name(s) | | 3.5cm - | 3.5cm | |
| F29 | Child's gender | Female F30 Child | 's date of birth DID |][M]M][Y]Y]Y]Y | |
| F31 | Child's country of birth | | | | |

| F32 | Child's passport details |
|-----|--|
| | Number Country Expiry date Expiry date |
| F33 | Other citizenships child holds |
| F34 | Partnership status Single Separated Partner/De facto Divorced Married/in civil union Engaged Widowed |
| F35 | Does this child have children of his/her own? Yes No |
| F36 | Is your child applying for a student or visitor visa? $\ \square$ Student $\ \square$ Visitor |
| F37 | Does any person not included in this application have custody or visitation rights over any of the above children? Yes Supply evidence that you have been granted the right to bring this child permanently to New Zealand. |
| | □ No |
| Se | ection G Character requirements |
| • | wer and and and and and and an in respect of every person in your application 17 years of age and over if: this is your first application for an Entrepreneur Work Visa; or you have held an Entrepreneur Work Visa or Long Term Business Visa for three years and are applying for a further work visa. |
| 0 | For more information about the questions in this section, see 'Completing Section G: Character requirements' in the Entrepreneur Work Visa Guide. |
| G1 | List the countries, including all countries of citizenship, you and/or your family (if applicable) have lived in for more than five years since attaining the age of 17 and attach police certificates from each of these countries. |
| | Name of applicant or family member |
| | Name of country |
| | Date of arrival Dete of departure Dete of departure |
| | Name of applicant or family member |
| | Name of country |
| | Date of arrival Date of departure Date of departure |
| | Name of applicant or family member |
| | Name of country |
| | Date of arrival Date of departure Date of departure |
| | Name of applicant or family member |
| | Name of country |
| | Date of arrival Date of departure Date of departure |
| | Name of applicant or family member |
| | Name of country |
| | Date of arrival Description Date of departure Description Date of departure |

| G2 | 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 |
|----------------|---|
| G ₃ | Are you, or is anyone included in this application, currently: • under investigation |
| G4 | Do you, or does anyone included in this application, currently have an outstanding arrest warrant in any country? \square Yes \square No |
| G ₅ | Have you, or has anyone included in this application, ever been: • excluded |
| G6 | Have you, or has anyone included in this application, ever been a member of, or adhered to, any terrorist organisation? \square Yes \square No |
| G 7 | 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? \square Yes \square No |
| G8 | 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 |
| G 9 | 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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| ction H Fit and prop | or porcon roquiromon | ts | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | er person requiremen | | | | | | | | |
| • | ave had significant influend | ce over complied with all immigration, | employment an | d | | | | | |
| taxation laws? 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 | 5) | | | | | | | | |
| Have you ever been invest the course of, or resulting Yes (provide details) | from, business dealings? | d Office or the New Zealand Police for | any offences ari | sing | | | | | |
| | | | | | | | | | |
| Have you ever been invol | ved in business fraud or fin | ancial impropriety? | | | | | | | |
| Yes (provide details) No | 0 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ction I Health requi | irements | | | | | | | | |
| | | ertificate (INZ 1096) must be provided for ever 11 are not required to have an X-ray, unless a sp | | | | | | | |
| | | | | ed. | | | | | |
| Full | name | Type of application | Date application wa | | | | | | |
| Full | name | Type of application | | | | | | | |
| | name | Type of application | | | | | | | |
| 1. | name | Type of application | | | | | | | |
| 1. | name | Type of application | | | | | | | |
| 1. 2. 3. | name | Type of application | | | | | | | |
| 2. 4. | name | Type of application | | / / / / / | | | | | |
| 1. 2. 3. 4. 5. 6. If everyone included in the | | d a medical certificate and chest X-ray | / (DD/MM/YY) / / / / / / / / / / / / / / / / / / | / / / / | | | | | |
| 1. 2. 3. 4. 5. 6. If everyone included in the 36 months you do not need | e application has submitted ed to provide further certifi | d a medical certificate and chest X-ray | / / / certificate in the | | | | | | |
| 1. 2. 3. 4. 5. 6. If everyone included in the 36 months you do not need the health status of any any applicant has spent of tuberculosis since the | e application has submitted ed to provide further certifi applicant has deteriorated six consecutive months in eir previous application, in | d a medical certificate and chest X-ray cates, unless: I since their previous medical certifica a place that is not listed as having a lo which case a new chest X-ray certifica | / / / / / / / / / / / / / / / / / / / | | | | | | |
| 1. 2. 3. 4. 5. 6. If everyone included in the 36 months you do not need the health status of any any applicant has spent of tuberculosis since the lf not everyone included in | e application has submitted ed to provide further certifi applicant has deteriorated six consecutive months in eir previous application, in n the application has subm | d a medical certificate and chest X-ray cates, unless: I since their previous medical certifica a place that is not listed as having a lo which case a new chest X-ray certifica itted medical certificates that were co | certificate in the te was issued; or ow incidence te is required. | / / / / / / 2 las | | | | | |
| 1. 2. 3. 4. 5. 6. If everyone included in the 36 months you do not need the health status of any any applicant has spent of tuberculosis since the lf not everyone included in | e application has submitted ed to provide further certifi applicant has deteriorated six consecutive months in eir previous application, in n the application has subm | d a medical certificate and chest X-ray cates, unless: I since their previous medical certifica a place that is not listed as having a lo which case a new chest X-ray certifica | certificate in the te was issued; or ow incidence te is required. | / / / / / / / / / / / / / / / / / / / | | | | | |
| 2. 3. 4. 5. 6. If everyone included in the 36 months you do not need the health status of any applicant has spent of tuberculosis since the lf not everyone included in dated by a medical practit | e application has submitted ed to provide further certifi applicant has deteriorated six consecutive months in eir previous application, in n the application has subm | d a medical certificate and chest X-ray cates, unless: I since their previous medical certifica a place that is not listed as having a lo which case a new chest X-ray certifica itted medical certificates that were co onths, they will have to provide certific | certificate in the te was issued; or ow incidence te is required. | / / / / / / / / / / / / / / / / / / / | | | | | |

| I 3 | Do you or any person included in this application have any medical condition that requires, or may require, one of the following during your stay in New Zealand? |
|------------|---|
| | • Renal dialysis Yes No |
| | Hospital care Yes No |
| | • Residential care Yes No |
| | Residential care is defined as in-patient care for people with psychiatric, sensory or intellectual disabilities or live-in facilities for the aged. |
| 14 | Do you have a dependent child included in this application who requires special education services? (See Completing Section I: Health requirements in the Entrepreneur Work Visa Guide (INZ 1221) for further information). |
| | ☐ Yes ☐ No |
| I 5 | If you have answered Yes to any of the questions in 12 to 14, please provide details. |
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| | |
| 16 | Are you or any person included in this application pregnant? |
| | Yes Date the pregnant applicant is due to give birth DDDMMMLYLYLYLY |
| | □No |
| 17 | Tick the option that applies to you: Is a physician submitting your medical and/or chest X-ray certificates 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 certificates to you, then you will need to submit these with your visa application. |
| Se | ection J English language requirements |
| 0 | For more information see 'Completing Section J: English language requirements' in the Entrepreneur Work Visa Guide (INZ 1221) |
| | Minimum English language requirements apply to first-time applicants or applicants seeking a further three-year Entrepreneur Work Visa who have not previously met English language requirements. |
| J1 | Do you meet the minimum standard of English language? |
| | Yes Provide evidence of your English language ability. |
| | □No |
| | |

| Se | tion K Business information |
|------------|---|
| 0 | For more information about the questions in this section, see 'Completing Section K: Business Information' in the <i>Entrepreneur Work Visa Guide</i> . |
| | stions κ and κ are for statistical purposes only. All details of a business proposal should be covered e business plan. |
| K 1 | What is your intended business? (Tick one only.) |
| | Administration/customer service |
| K2 | In which town or city do you intend to locate your business? |
| К3 | State the amount of funds available for the maintenance and accommodation costs of all family members included in the application. This must be sufficient for three years and must be additional to the investment capital required for your business. NZ\$ Attach evidence. |
| К4 | Have you ever been involved in a business failure or bankruptcy? Yes No If yes, provide details (including dates): |
| | Note that if you have been involved in a business failure or bankruptcy within the last five years your application for an Entrepreneur Work Visa cannot be approved. |
| K5 | What is the status of your proposed business? New Go to Section L: Minimum capital investment |
| | Established Go to K6 |
| К6 | Please provide full details of the business you intend to purchase. Trading name: |
| | New Zealand Business Number (if applicable) |
| | |

Number of current employees in the business you intend to purchase:

| Number of full time permanent employees | Number of part time permanent employees | Number of employees in contract roles | Number of employees on casual contracts | Total number of employees |
|--|---|---|---|---------------------------|
| | | | | |
| | | he number of current e and salary records, Emp | | |
| | | | | |
| You should also attach | : : | | | |
| independently audite | ed accounts for the bu | siness for the past two | years, and | |
| | and purchase agreeme | • | | |
| • the basis for the pur | chase price (i.e. an inde | ependent valuation), an | d | |
| | | two previous years, inc s past performance and | | of your application. |
| Is the business you int | end to purchase a fran | chise? | | |
| Yes Please state which | franchise. | | | |
| □No | | | | |
| | | | | |
| ection L Minimum | capital investmen | t | | |
| To be approved for an NZ\$100,000, unless th | | a, applicants must mak ed. | e a minimum capital in | vestment of |
| Applicants can claim p | oints in the points scal | e at section N if investi | ng more than NZ\$200, | 000. |
| When answering the q | uestions below, contin | ue on a separate sheet | of paper if necessary. | |
| What is your total capi | tal investment? | | | |
| Total amount of capital inve | stment (in NZ \$): | | | |
| | | | | |
| Who owns these funds | 5? | | | |
| | l your partner | | | |
| If funds are owned by for your proposed bus | | attach evidence that yo | ur partner supports th | e use of these fund |
| List the type and locat | ion of all of the funds a | and/or assets that you h | nave nominated for you | ur proposed busine |
| Funds/assets tyne | | | | |

| Funds/assets type (e.g. bank deposits) | Location (e.g. xxxx Bank) | Net value | Value (NZ\$) |
|---|---------------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
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| low did you earn or acquire these | funds and/or assets? | |
|--|---|--|
| Method | Value (NZ\$) | Evidence attached |
| ☐ Earned | | |
| Gifted or Inherited | | |
| Sale of assets | | |
| Share/dividends | | |
| Other | | |
| | rred directly from your bank account(s) throueur Work Visa is approved, you will be asked t | |
| ittach evidence of now you earned | d all of your funds or assets. List the docume | ills provided as evidence. |
| | | |
| ion M Waiver of capital in | vestment requirement | |
| | vestment requirement seeking a waiver of the capital investment requirement | |
| ote: Only complete this section if you are s | | on that best describes why |
| ote: Only complete this section if you are s f you are seeking a waiver of the ca ou are seeking this waiver. | seeking a waiver of the capital investment requirement | |
| ote: Only complete this section if you are so f you are seeking a waiver of the ca ou are seeking this waiver. am seeking a waiver of the NZ\$100 My business is in the science or | seeking a waiver of the capital investment requirement apital investment requirement, pick the option, ooo capital investment requirement becauter sector, or other high value export-orients | ıse – ed sector |
| ote: Only complete this section if you are so f you are seeking a waiver of the ca ou are seeking this waiver. am seeking a waiver of the NZ\$100 My business is in the science or | seeking a waiver of the capital investment requirement apital investment requirement, pick the option, one capital investment requirement becau | ıse – ed sector |
| ote: Only complete this section if you are settion if you are seeking a waiver of the calou are seeking this waiver. am seeking a waiver of the NZ\$100 My business is in the science or I can show that my business wil | seeking a waiver of the capital investment requirement apital investment requirement, pick the option, ooo capital investment requirement becauter sector, or other high value export-orients | use – ed sector vel of growth |
| ote: Only complete this section if you are seeking a waiver of the calou are seeking this waiver. am seeking a waiver of the NZ\$100 My business is in the science or I can show that my business wil | seeking a waiver of the capital investment requirement apital investment requirement, pick the option, ooo capital investment requirement because ICT sector, or other high value export-oriental display a high level of innovation or high level. | use – ed sector vel of growth |
| ote: Only complete this section if you are seeking a waiver of the coou are seeking this waiver. am seeking a waiver of the NZ\$100 My business is in the science or I can show that my business will you believe your business qualifie | seeking a waiver of the capital investment requirement apital investment requirement, pick the option, ooo capital investment requirement because ICT sector, or other high value export-oriental display a high level of innovation or high level. | ed sector vel of growth uirement, explain why: |

Section N Points scale

To be approved for an Entrepreneur Work Visa, you must meet or exceed the pass mark on the points scale for factors relating to the likely success of the proposed business and its value to New Zealand.

Mark the points that you are claiming in the right hand column. You do not need to claim points in all categories, but you need a minimum of 120 points for your application to proceed.

In answering the questions, continue on a separate sheet of paper if necessary. If you are not claiming points for a category, you do not need to fill in the question.

Points for business experience

| N1 | | | |
|------|---|---|--|
| N II | Ν | 1 | |
| | | ш | |

If you are claiming points here, mark the points that you are claiming in the right hand column. You can only claim points in one of these categories:

| Relevant self-employment | Potential Points | Points claimed | | | |
|---------------------------------------|------------------|----------------|--|--|--|
| 10 years + | 40 | | | | |
| 5 years + | 30 | | | | |
| 3 years + | 20 | | | | |
| Other self-employment | | | | | |
| 10 years + | 20 | | | | |
| 5 years + | 15 | | | | |
| 3 years + | 5 | | | | |
| Relevant senior management experience | | | | | |
| 10 years + | 10 | | | | |
| 5 years + | 5 | | | | |

If claiming points in one of the categories above, provide details of the business experience you are claiming points for:

| Company | Years of experience | Your role and responsibilities | Your areas of responsibility |
|---------|---------------------|--------------------------------|------------------------------|
| | | | |
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If you need more space to list your business experience, attach on a separate sheet.

| Attach evidence of your business experience, such as company documents, proof of List the documents provided as evidence: | ownership or job descriptions. |
|---|--------------------------------|
| | |
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| | |

| Nα | | |
|----|----|----|
| NК | М | |
| | N. | 68 |

N3 Provide details of the companies listed above:

| | Industry sector | Main products/ services | Annual turnover | Number of employee |
|---------------------------|-------------------------|-------------------------|-------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | business sector, turno | over and number of em | ployees. List the docur | ments provided |
| as evidence: | | | | |
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| | | | | |
| | | | anagement experience, | explain why your |
| experience is relevant to | o your proposea busine | ess: | | |
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| | | | | |
| What was the ownershi | p structure of your bus | siness/es? | | |
| What was the ownershi | p structure of your bus | siness/es? | | |
| What was the ownershi | p structure of your bus | siness/es? | | |
| What was the ownershi | p structure of your bus | siness/es? | | |
| | | | | |
| | | | the documents you hav | re provided: |
| | | | the documents you hav | re provided: |
| | | | the documents you hav | re provided: |
| What was the ownershi | | | the documents you hav | re provided: |
| | | | the documents you hav | re provided: |
| | | | the documents you hav | re provided: |

Points for benefit to New Zealand

| M | 16 | |
|---|----|--|

If you are claiming points here, mark the points that you are claiming in the right hand column. You can claim points in up to two of these categories:

| New full time employment creation | Potential Points | Points claimed |
|--|------------------|----------------|
| 10+ new full time positions for New Zealand citizens or residents | 80 | |
| 5 or more new full time positions for New Zealand citizens or residents | 50 | |
| 3 or more new full time positions for New Zealand citizens or residents | 30 | |
| 2 new full time positions for New Zealand citizens or residents | 20 | |
| 1 new full time position for a New Zealand citizen or resident. | 10 | |
| Points for approved export businesses (based on a credible business plan) | | |
| \$1,000,000 + turn over a year | 80 | |
| \$750,000 + turn over a year | 60 | |
| \$500,000 + turn over a year | 40 | |
| \$400,000 + turn over a year | 30 | |
| \$300,000 + turn over a year | 20 | |
| \$200,000 + turn over a year | 10 | |
| Points for unique or new products or services to New Zealand | | |
| A credible business proposal that provides unique or new products/ services to New Zealand, or to a particular region, not currently being provided by existing businesses in New Zealand. | 30 | |

| N -7 | |
|------|--|
| N / | |
| | |

If you have claimed points for new full time jobs for New Zealand citizens or residents, provide details of the number of new jobs, in addition to current staff listed at $\lceil \kappa_7 \rceil$:

Number of new positions that will be created:

| | Full time permanent employees | Part time permanent employees | Employees in contract roles | Employees on casual contracts | Total number of new employees |
|----|-------------------------------|--|-----------------------------|-------------------------------|-------------------------------|
| | | | | | |
| | Explain why your b | usiness will need these | new roles and outline m | ain responsibilities of th | nese roles: |
| | | | | | |
| | | | | | |
| N8 | and products you v | d points for export turno will export. Outline any c ds, and what you have d | ertification, registration | | • |
| | | | | | |
| | | | | | |

| N9 | If you have claimed points for unique or new products/ services to New Zealand, or a particular region, explain why your product or service is unique or new: | | | | | |
|----|---|--|--|--|--|--|
| | | | | | | |
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Points for capital investment

N10 If you are claiming points here, mark the points that you are claiming in the right hand column.

| Capital Investment | Potential Points | Points claimed |
|--------------------|------------------|----------------|
| \$1,000,000 + | 80 | |
| \$750,000 + | 60 | |
| \$500,000 + | 50 | |
| \$400,000 + | 30 | |
| \$300,000 + | 20 | |
| \$200,000 + | 10 | |
| under \$200,000 | 0 | |

Note: the points you claim for capital investment must match up with what you have provided in section L.

Points for age of prospective applicant at date of lodgement

Mark points that you are claiming in the right hand column.

| Age | Potential Points | Points claimed |
|--------------|------------------|----------------|
| 24 and under | 15 | |
| 25-29 | 20 | |
| 30-39 | 20 | |
| 40-49 | 20 | |
| 50-59 | 10 | |
| 60 and over | 0 | |

Bonus points

N12 Mark points that you are claiming in the right hand column.

| Regional bonus points | Potential Points | Points claimed |
|--|------------------|----------------|
| Business based outside Auckland, (explanation at section N of the Entrepreneur Work Visa Guide, INZ 1221). | 40 | |

| DOINTS SLAI | IMED. |
|----------------------------------|--|
| POINTS CLAI | MED |
| dd up the total | number of points you have claimed in all of the sections above: |
| | |
| | |
| ion O Busi | ness Plan |
| | application you need to provide a business plan that: |
| | ne proposed business, not a generic or template business plan, |
| | n three months old on the date the application is made, and |
| meets all othe Work Visa Guid | r requirements for a business plan, as outlined in Sections O and P of the Entrepreneur de (INZ 1221). |
| ow will your bu | isiness meet the objective of Entrepreneur instructions? |
| clude an expla | nation of how your business will meet the characteristic(s) identified. |
| Export poten | tial |
| Innovative | |
|] High growth | |
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02 Elements of business plan

Confirm that your business plan includes detailed information in each of the following areas, and any others that you need to outline your proposed business:

| Section: | The business plan includes: |
|----------|---|
| i. | details of the proposed business venture, including type of business, industry, position in the market, targeted customers, suppliers and distributors, required assets |
| ii. | copies of any documents needed to show that you are able to operate this business in New Zealand |
| iii. | details of your intended involvement/role in the proposed business |
| iv. | outline of the proposed ownership structure of the business: Sole trader/ Partnership/ Limited liability company/ Subsidiary of overseas company/ Other |
| V. | a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of the proposed business |
| vi. | an outline of your knowledge of the New Zealand business environment and the market research you have done on the demand for your business |
| vii. | an outline of any contact made or advice sought from relevant trade associations in New Zealand |
| viii. | summary of any professional advice regarding the establishment of the business |
| ix. | list of any professional qualification or registrations required to run this business in New Zealand, and describe what you have done to obtain full registration or recognition of these qualifications in New Zealand |
| Х. | details of any other registration or consents you need to obtain, e.g. consent under the Resource Management Act or Overseas Investment Act, and what you have done to obtain these consents |
| xi. | details of any other relevant business or trade qualifications and university degrees you have achieved, including institution, date and qualification type, and attach certified copies |
| xii. | details of proposed marketing strategy of the business, market size, estimated market share, market positioning, competitor analysis, distribution and pricing strategy |
| xiii. | outline of what you expect the business to achieve in its first three years |
| XİV. | an operational plan and timeline for establishing the business in New Zealand, including an estimation of the time required for establishing the company, obtaining approvals (if required), finding premises, purchasing equipment, recruiting staff and establishing a distribution network etc |
| XV. | detailed financial information and financial forecasts, as outlined in Section P |
| xvi. | any other information or documentation that you need to demonstrate that your proposed business is viable and has realistic chances of successfully meeting its objectives and trading profitably |

Ensure that you keep a copy of your original business plan and any supporting documents you submitted as part of your application, as you will need this in order to be approved for an Entrepreneur Residence Visa. If you are using an immigration adviser or other adviser to do your business plan, ensure that they give you a copy of your business plan and copies of any documents submitted in support of your application.

Section P Financial information

Fill in this section if you have not provided any of this information in your business plan. For more information about the questions in this section, see 'Completing Section P: Financial information' in the Entrepreneur Work Visa Guide (INZ 1221). If you have included this information in a separate business plan, please note under each question, the section of your business plan where this appears.

| P1 | What level of capital investment will the business require? List the items the capital investment will be used for. | |
|----------------|---|---|
| P ₂ | What level of capital will you bring into the business? | _ |
| | | _ |

| P 3 | List other investors and their capital investment, if applicable. | | | | | |
|------------|---|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Provide details of the forecast profit and loss statements for the business. Complete this form or attach forecasts separately:

Forecast profit and loss statement – in NZ\$

| | | Year 1 | Year 2 | Year 3 |
|---|--|--------|--------|--------|
| Revenue (A) | | | | |
| | | | | |
| Cost of sales (B): | | | | |
| | Labour | | | |
| | Overheads | | | |
| | Raw materials | | | |
| | Other costs of sales | | | |
| Gross margin (C) (C = A – B) | | | | |
| | | | | |
| Expenses (D): | | | | |
| | Salaries for employees | | | |
| | Salary for owner/ applicant | | | |
| | Rent | | | |
| | Depreciation | | | |
| | Administration | | | |
| | Audit fees | | | |
| | Legal fees | | | |
| | Other expenses | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Earnings before interest (E=C-D) | | | | |
| | | | | |
| Interest (F) | | | | |
| Net profit (G=E-F) | | | | |
| | | | | |
| Tax (H = G x 33%) | | | | |
| Net profit after tax, available to shareholders (I=G-H) | | | | |
| (3 ii) | | | | |
| Ratios | | | | |
| | Gross margin % (= C/A x 100) | | | |
| | Net profit after tax/ revenue % (=I/A x100) | | | |
| | Interest cover – times (=E/F | | | |
| | | | | |

P5 Provide details of the three year cash flow forecast for the business. Complete this form or attach forecasts separately:

Three year cash flow forecast for proposed business – in NZ\$

| | | Year 1 | Year 2 | Year 3 |
|--|---|--------|--------|--------|
| Net profit after tax | | | | |
| Add depreciation | | | | |
| Gross cash flow | | | | |
| | | | | |
| Working capital required | | | | |
| | Debtors | | | |
| | Inventory | | | |
| | Creditors | | | |
| | Other assets | | | |
| | Other liabilities | | | |
| Cash flow from operations (A) | | | | |
| | | | | |
| Financing activities | | | | |
| | Increase (decrease) in bank debt | | | |
| | Increase (decrease) in overdraft | | | |
| | Increase (decrease) in capital | | | |
| | Dividend payments | | | |
| Cash provided from financing (B) | | | | |
| | | | | |
| Investment activities | | | | |
| | Sale (purchase) of fixed assets before depreciation | | | |
| | Increase (decrease) in shareholders loans | | | |
| | Increase (decrease) | | | |
| Cash provided from | in inter-company loans | | | |
| investing (C) | | | | |
| Net cash flow | | | | |
| | | | | |
| (D=A + B + C) | | | | |
| Opening each balance (F.) | | | | |
| Opening cash balance (E) Plus (minus) net cash flow | | | | |
| (F=D) | | | | |
| G. day and J. day | | | | |
| Closing cash balance profits (G = E + F) | | | | |

Section Q Declaration

This section must be signed by the principal applicant and any partner and dependent children aged 18 years and over who are included in the application. Make sure you understand the declarations below before you sign 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 may be declined, and I may become liable for deportation. I may also be committing an offence and I may be imprisoned.

I understand that I am required to 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 understand the notes and questions in this form and I declare the information given about myself, partner and any children is true and complete.

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 INZ to make any enquiries it deems necessary in respect of the information provided on this form and/or accompanying documentation and to share information about me 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 INZ to provide information about my state of health and my immigration status to any health service agency.

I authorise any health service agency to provide information about my state of health to INZ.

I accept that any advice given to me by INZ before lodging this application was intended to assist me and acting on that does not mean that my application for a Entrepreneur Work Visa will be approved.

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, INZ will return my application.

I understand that in order to work in certain occupations in New Zealand registration is required by law. I accept that the grant of a visa does not guarantee that registration will be granted.

I agree that information about my personal resources and the contents of this form may be provided to Work and Income (a service of the Ministry of Social Development) if I apply for an emergency benefit. I understand that I will need to give a copy of this declaration to Work and Income if I apply for an emergency benefit.

Should my application be approved I agree to participate in an evaluation of the Entrepreneur Work Visa Category for a period of up to five years after the approval of my application. I agree to inform INZ of any changes to my postal/contact address within five years from the date of approval for the purpose of participating in the aforementioned evaluation.

| Signature of principal applicant | Date DIDJIMIMJY Y Y Y Y |
|--|-------------------------|
| Signature of partner | Date DIDJIMIMJIYIYIYIY |
| Signature of accompanying dependent children over 18 years of age (i | f applicable) |
| Dependent child one over 18 years of age | Date Date |
| Dependent child two over 18 years of age | Date Date |
| Dependent child three over 18 years of age | Date Date |
| Dependent child four over 18 years of age | Date DIDJIMIMJIYIYIYIY |

| 56 | ection R immigration adviser's details |
|----------|---|
| adv | s section must be completed by the applicant's immigration adviser. If the applicant has authorised all visers within an organisation to act on their behalf at B, only the person named at B must complete this ction. If the applicant does not have an immigration adviser, this section does not have to be completed. |
| R1 | If you are a licensed adviser, please provide your licence details. Licence type full provisional limited List conditions specified in the register |
| | Licence number 2 0 Licence number Go to Section S: Declaration by person assisting the applicant |
| R2 | If you are exempt from licensing, tick one box below to show why you are exempt from licensing then go to Section S: Declaration by person assisting the applicant. |
| | I provided immigration advice in an informal or family context only, and I did not provide the advice systematicall or for a fee. |
| | I have provided immigration advice in the course of my work (employed or volunteer) and that work exempts me from the requirement to be licensed. Indicate the reason for your exemption below. |
| | ☐ Lawyer with current New Zealand practicing certificate ☐ Community Law Centre ☐ Citizens Advice Bureau |
| | ☐ New Zealand Member of Parliament or staff ☐ New Zealand public servant ☐ Foreign Diplomatic/Consular |
| | 1 See www.immigration.govt.nz/adviserlicensing for more information about who is exempt from licensing. |
| Se | ection S Declaration by person assisting the applicant |
| for to f | s section must be completed and signed by the applicant's immigration adviser, or by any person who has sisted the applicant by providing immigration advice, explaining, translating, or recording information on the m for the applicant. If the applicant does not have an immigration adviser, and no one helped the applicant fill in this form, this section does not have to be completed. Out are not exempt under the Immigration Advisers Licensing Act 2007, it is an offence for you to provide immigration advice without holding lense, and Immigration New Zealand will refuse to accept your client's application. More information about immigration adviser licensing can abbtained from the Immigration Advisers Authority website www.iaa.govt.nz, via email info@iaa.govt.nz or by telephone on 0508 422 422. |
| | me and address of person assisting applicant. \Box Same as name and address given at \Box or \Box as below. |
| Fan | nily/last name Given/first name(s) |
| Org | ganisation name (if applicable) and address |
| Nev | w Zealand Business Number (if applicable) |
| Tele | ephone Email Email |
| or c | nderstand that after the applicant has signed this form it is an offence for me to change or add further information Thange or add any documents attached to the form, without making a statement identifying what information material has been changed, added or attached and by whom. If I make these changes or additions, I must state the form what they were, who made them and the reason they were made. |
| | nderstand that the maximum penalty for this offence is a fine of up to NZ\$100,000 and/or a term of imprisonment up to seven years. |

| Signature of person assisting Date Date DIN Date |
|---|
| ☐ I have provided immigration advice (as defined in the Immigration Advisers Licensing Act 2007) and my details in Section R: Immigration adviser's details are correct. |
| ☐ I have assisted the applicant in another way. Specify |
| ☐ I have assisted the applicant with recording information on the form |
| ☐ I have assisted the applicant as an interpreter/translator |
| applicant agreed that the information provided was correct before signing the declaration. |

| Ap | plication checklist | | OFFICE USE ONLY | If you are requesting a Change of Plan | CHECK LIST |
|-----------------------|--|---------------|---|--|-------------------|
| | re you enclose the correct documents with your epreneur Work Visa Application (INZ 1222) accord | ing | | This is the first time I have requested a Change of Plan under my current visa. | |
| to th | ne table below. If you fail to provide any of these uments, your application may be returned. | _ | | The changes proposed are minimal. | |
| OFFICE | interits, your application may be returned. | | | I have completed the sections of this form that are needed to explain my request. | |
| USE ONLY | If you are a first-time Entrepreneur Work visa applicant | CHECK | | I have attached business plan(s) and supporting documents. | |
| | I have completed and signed the application form. I have provided my application fee and immigration levy. | | OFFICE USE ONLY | If you hold a work visa under Entrepreneur Work Visa or LTBV instructions and are applying for a further | CHECK LIST |
| | I have attached passport(s) or certificate(s) of identity*. | | | work visa ('renewal') I have completed and signed the application form. | $\overline{\Box}$ |
| | I have attached two recent passport-sized photographs. | | | I have provided my application fee and immigration levy. | |
| | I have attached evidence of my relationship to my partner and dependent children that are listed on my application and | | | I have attached passport(s) or certificate(s) of identity*. | |
| | will be accompanying me to New Zealand. I have attached evidence that I meet English | | | I have attached two recent passport-sized photographs. | |
| | language requirements. I have attached a completed <i>General Medical Certificate</i> | | | I have attached evidence of my relationship to my partner and dependent children that are listed on my application and will be accompanying me to New Zealand. | |
| | (INZ 1007) (less than three months old) if required. Provide this if you, or any other applicant included have not previously provided a medical certificate, or if your/their previous medical certificate is older than 36 months, or your/ | | | I have attached evidence that I meet English language requirements. Provide this evidence only if you have not provided it before. | |
| | their health has deteriorated since your last application. I have attached a completed <i>Chest X-ray Certificate (INZ 1096)</i> (less than three months old). Provide this if you, or any other applicant included, have not previously provided a chest X-ray certificate, or if your/their previous chest X-ray certificate is older than 36 months, or your/their health has deteriorated since your last application, or if any applicant included, has spent six consecutive months in a place not listed as having a low incidence of tuberculosis since their last application. | | | I have attached a completed <i>General Medical Certificate</i> (<i>INZ 1007</i>) and a <i>Chest X-ray Certificate</i> (<i>INZ 1096</i>) (which are less than three months old). Provide this if the certificates previously provided for any applicant included are older than 36 months, or if the health of any applicant included has deteriorated since your last application. I have attached police certificates. | |
| | I have attached police certificates. | | | I have attached business plan(s) and supporting documents. | |
| | I have attached business plan(s) and supporting documents. | | Re | turning your documents | |
| | I have attached evidence to support claims in sections K, L, M (if applicable) and N. | | Plea | se return documents to me by secure post at the ress given at: |) |
| OFFICE USE ONLY | If you have held a work visa under Entrepreneur Work Visa or LTBV instructions for less than three years and are applying for a further work visa ('balance') | CHECK LIST | _ | 2 2 2 | |
| | I have completed and signed the application form. | | | 33 | |
| | I have attached passport(s) or certificate(s) of identity*. | | К | eeping a copy of my application, busines | 55 |
| | I have attached two recent passport-sized photographs. | | | an and other documents | |
| | I have attached evidence of my relationship to my partner and dependent children that are listed on my application and will be accompanying me to New Zealand. | | and | ve kept a copy of my application, business plan I all other documents for my records, and for in my Entrepreneur Residence application | |
| | I have attached evidence that I meet English language requirements. <i>Provide this evidence only if you have not provided it before</i> . | | If a | n adviser completed my application and siness plan on my behalf, they have provided | |
| | I have attached a completed <i>General Medical Certificate</i> (INZ 1007) and a <i>Chest X-ray Certificate</i> (INZ 1096) (which are less than three months old). Provide this if the certificates previously provided for any applicant included are older than 36 months, or if the health of any applicant included has deteriorated since your last application. | | me with a complete copy of my business plan, application and documents for use in my Entrepreneur Residence application | | |
| | I have attached evidence that the investment capital for the business has been transferred to New Zealand through the banking system and reasonable steps have been taken to | | | | |

establish the business.

^{*}While you can provide a certified copy of your passport with your application, we highly recommend you provide your original passport. This will enable us to process your application faster and it may be needed to complete your application. Please note during the processing of an application an immigration officer may request any document, including your original passport.

About the information you provide

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for an Entrepreneur Work 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.

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 we may need

Sometimes we may ask for additional documents or information so that we can consider it with this application.

For more information

If you have questions about completing the form:

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

Section T

Paying your application fee and immigration levy

To find out how much to pay, payment methods, where to send your application, and how long a decision may take, see www.immigration.govt.nz/fees.

Your application fee and immigration levy

| Amount you are paying: |
|--|
| Amount |
| Currency (e.g. NZD, USD, RMB) |
| Application number (office use only) |
| Credit/debit card details |
| ☐ Mastercard ☐ Visa 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/debit card. Expiry date DDDMMMYYYYYY |
| Signature of cardholder |
| Date DIDJIMIMJIYIYIY |



