OFFICE USE ONLY | Client no.:

Date received:

/

Application no.:

December 2015 INZ 1228



Refund Application Form

Deportation/Repatriation costs

Important information

Complete this form if you paid the estimated costs of deportation or repatriation and those costs exceeded the actual costs.

This form can only be used if:

- the deportation order specified estimated costs, and
- the deportation/repatriation took place on or after 7 May 2015, and
- the deportation/repatriation costs paid exceed the actual costs of deportation/repatriation.

The form must be completed and submitted by the person who paid the estimated costs.

Completing this form is required if you want a refund of your deportation costs. Completing this form and providing the information requested will help us to process your application, however we may need to contact you for more information.

Submit photocopies only. **Do not submit original documents** as they will not be returned to you. If we need to see an original document we will ask you to produce it at a later time.

You must submit this form to the address specified in this form.

Please note that if your refund is approved the amount paid to you may be subject to fees or charges imposed by your bank.

If you have questions about completing this form telephone our call centre on 0508 558 855 (within New Zealand) or see our website www.immigration.govt.nz.

About the information you provide

Immigration New Zealand collects the information about you on this form to determine whether you are eligible for a refund. We may also use the information to contact you for research purposes or to advise you on immigration matters.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You have the right to access the information we hold about you and to request to have it corrected if you think it is necessary.

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



ction A	Information about the person applying for a refund
	ne person who paid the deportation or repatriation costs?
·	lect one of the following
	the person who was deported or repatriated
	the sponsor of the person who was deported or repatriated
• You are	the parent or guardian of a dependant who was deported or repatriated
• You are	a sponsor of a person whose dependant was deported or repatriated
A depend	ant refers to a person who is under 18 years and not married or in a civil union.
ction B	Your information
Your name	e
Your orga	nisation (if applicable)
Your INZ o	client number (if any)
Your post	al address
Your cont	act telephone number
Your cont	act telephone number
You must	
You must passport	be a nominated person if an organisation paid the estimated costs. Please provide a copy of your
You must passport o	be a nominated person if an organisation paid the estimated costs. Please provide a copy of your or driver licence.
You must passport ction C	be a nominated person if an organisation paid the estimated costs. Please provide a copy of your or driver licence. Information about the person deported or repatriated
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Section D Detailed information about the costs paid	
Name	
Amount paid	
Date paid DIDJEMIMJEYIYIY	
Method of payment (credit card, cash, personal cheque)	
Please provide a copy of the receipt	
Section E Declaration	
I understand the questions in, and the contents of, this form and confirm the information I have provided is true and correct.	
Signature	
Date DIDJUMIMJUYIYIY	
Date Date Name	

Investigations & Compliance
PO Box 5342
Wellesley Street
Auckland CBD 1141
New Zealand

Section F Refund payment method details (to be completed by the person applying for the refund)

Payment to a New Zealand credit card can only be made if the costs were paid by a New Zealand credit card	
Credit card details	
Name of credit card holder	
Card number	
Expiry date DIDJIMIMJIYIYIY	
Signature of cardholder	
OR	
Direct credit (to bank account)	
Name of bank account holder	
Bank account number	

Please attach a copy of your bank account. To ensure payment can be made please provide one of the following:

- A pre-encoded bank deposit slip, or
- A bank statement showing the account name and account number, or
- A scan or screenshot of your online banking page showing the account number and account name, or
- A written bank deposit slip authenticated and stamped by a bank teller, or
- Bank account details listed on a business letterhead invoice

In the case of a non New Zealand bank account you will also need to ensure one of the above items includes the Bank name, Branch address and the BSB or IBAN or SWIFT code.

New Zealand Government