

July 2021

INZ 1247



Global Impact Permanent Residence

Use the guide to help you complete the application form

For help completing this form, please refer to the *Global Impact Permanent Residence Guide (INZ 1248)*.

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 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.

Section A Principal applicant's personal details

All principal applicants must complete this section.

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 the photographs.

i For more information about the questions in this section, see 'Completing Section A: Principal applicant's personal details' in the *Global Impact Permanent Residence Guide*.

A1 Name as shown in passport

Family/last name

Given/first name(s)

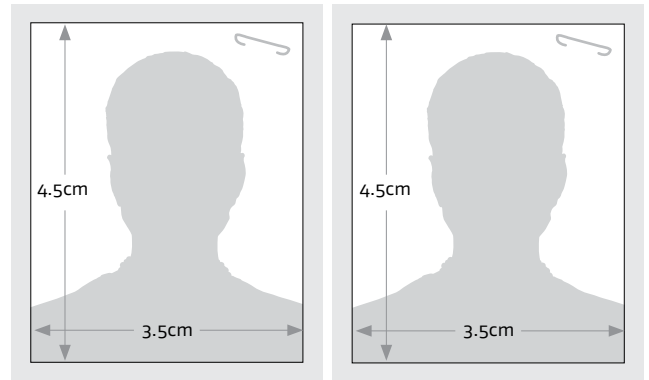
A2 Preferred title Mr Mrs Ms Miss Dr Other (specify)

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



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 Widowed Divorced

A10 Passport details
Number | _____ Country | _____
Expiry date | Issue date | Place of issue | _____

Section B Contact details

All principal applicants must complete this section.

i For more information on the questions in this section see 'Completing Section B: Contact details' in the *Global Impact Permanent Residence Guide*.

B1 Your residential address and telephone number in your home country
Address | _____
Telephone (daytime) | _____ Telephone (evening) | _____
Fax | _____ Email | _____

B2 Your New Zealand residential address and telephone number (if you are already in New Zealand)
Address | _____
Telephone (daytime) | _____ Telephone (evening) | _____
Fax | _____ Email | _____

B3 Name and address for communication about this application
 Same as address at **B1**, or Same as address at **B2**, 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
Telephone (daytime) | _____ Telephone (evening) | _____
Fax | _____ Email | _____

B4 Do you authorise the person stated at **B3** to act on your behalf? Yes No

B5 Do you authorise all other licensed immigration advisers or persons exempt from licensing who work for the organisation named at **B3** to act on your behalf (if applicable)?

Yes *Note: the person identified at **B3** will receive all communication from Immigration New Zealand.*

No *Only the person indicated at **B3** may act on my behalf.*

B6 Have you received immigration advice on this application?

i You can find a definition of immigration advice at www.immigration.govt.nz/advice.

Yes *Make sure that your immigration adviser completes Section M: Immigration adviser's details.*

No

Section C Principal applicant's family details

C1 Give details of all your family, whether migrating with you or not, including those adopted legally or by custom. It is not necessary to list deceased family members.

Note: if you do not declare all your family members, your residence application could be declined. If you are granted residence and it is later found that all family members were not declared, you may become liable for deportation. In addition, any family members not declared may not be eligible for residence.

Parents (biological and adoptive). 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/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Brothers and sisters (including half-, step- and adopted brothers and sisters).

Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
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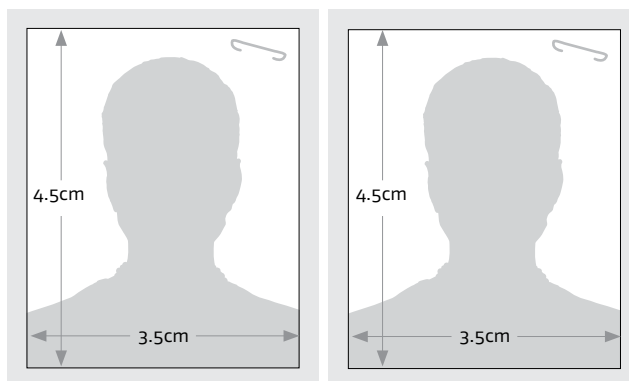
Children (including biological, adopted and step-children, including those from previous marriages/relationships).					
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence	Does the person intend to migrate with you? (Y/N)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Section D Partner's personal details

A partner may be either legally married, or in a civil union, or in a de facto relationship (whether opposite or same sex).

i For more information on the questions in this section see 'Completing Section D: Partner's personal details' in the *Global Impact Permanent Residence Guide*.

Attach two identical 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 the photograph.



D1 Partner's name as shown in passport

Family/last name

Given/first name(s)

D2 Partner's preferred title

Mr Mrs Ms Miss Dr Other (specify)

D3 Other names your partner is known by or has ever been known by

D4 Partner's name in ethnic script

D5 Partner's gender Male Female **D6** Date of birth

D7 Partner's town/city of birth

Partner's country of birth

D8 Other citizenships your partner holds

D9 Passport detailsNumber Country Expiry date Issue date Place of issue Family/last name as shown in passport Given/first name(s) as shown in passport **D10** Is your partner included in this application? Yes *You must provide evidence of your relationship. See 'Completing Section D: Partner's personal details' of the Global Impact Permanent Residence Guide (INZ 1248).* No**D11** How long have you been living together in this partnership? Years Months **D12** Do you meet the minimum requirements for recognition of partnerships? Yes No**D13** Are you living in a genuine and stable relationship? (entered into with the intention of being maintained on a long-term and exclusive basis) Yes No

If you are not living together, please explain.

Section E Partner's family details**E1** Give details of all your partner's family, whether migrating with you or not, including those adopted legally or by custom. It is not necessary to list deceased family members.

Note: if you do not declare all your partner's family members, your residence application could be declined. If you are granted residence and it is later found that all family members were not declared, you may become liable for deportation. In addition, any family members not declared may not be eligible for residence.

Parents (biological and adoptive). 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/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
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		/ /		
		/ /		
		/ /		
		/ /		

Brothers and sisters (including half-, step- and adopted brothers and sisters).				
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
		/ /		
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		/ /		
		/ /		

Children (including biological, adopted and step-children, including those from previous marriages/relationships).					
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	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 F Dependent children

Supply the following details for each dependent child included in this application. If you have no dependent children included in this application, go to Section G: Additional details. Please ensure that you complete **F49** (at the end of this section).

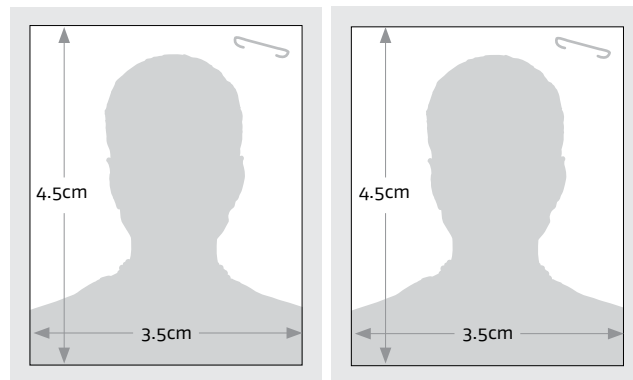
Dependent child one

Attach two identical 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 the photographs.

F1 Child’s name as shown in passport

Family/last name

Given/first name(s)



F2 Child's gender Male Female

F3 Child's date of birth

F4 Child's country of birth

F5 Child's passport details

Number

Country

Expiry date

F6 Other citizenships child holds

F7 Partnership status

Married Never married Partner/De facto Separated Widowed Divorced

F8 Does this child have children of his/her own? Yes No

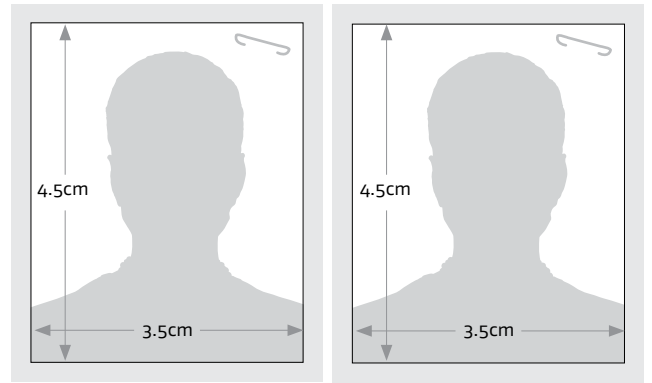
Dependent child two

Attach two identical 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 the photographs.

F9 Child's name as shown in passport

Family/last name

Given/first name(s)



F10 Child's gender Male Female

F11 Child's date of birth

F12 Child's country of birth

F13 Child's passport details

Number

Country

Expiry date

F14 Other citizenships child holds

F15 Partnership status

Married Never married Partner/De facto Separated Widowed Divorced

F16 Does this child have children of his/her own? Yes No

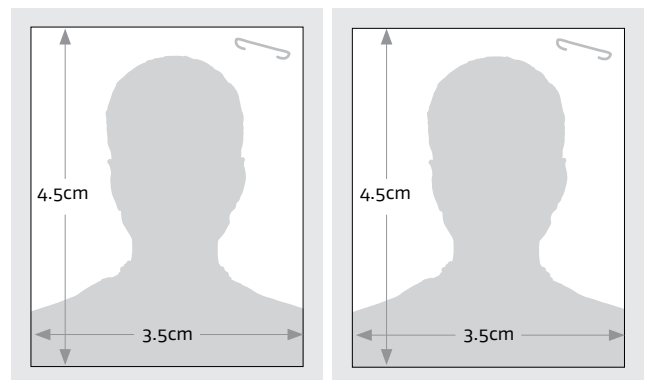
Dependent child three

Attach two identical 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 the photographs.

F17 Child's name as shown in passport

Family/last name

Given/first name(s)



F18 Child's gender Male Female

F19 Child's date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

F20 Child's country of birth

F21 Child's passport details

Number

Country

Expiry date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

F22 Other citizenships child holds

F23 Partnership status.

Married Never married Partner/De facto Separated Widowed Divorced

F24 Does this child have children of his/her own? Yes No

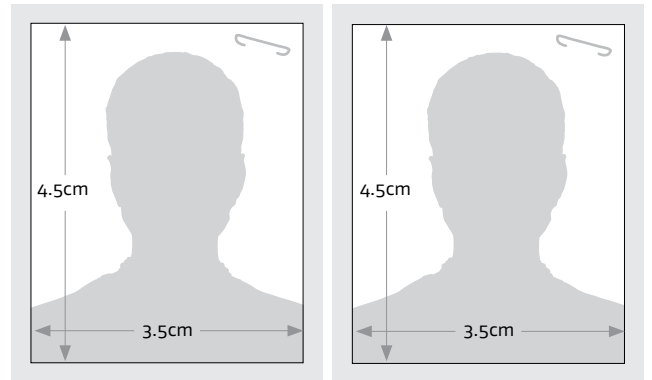
Dependent child four

Attach two identical 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 the photographs.

F25 Child's name as shown in passport

Family/last name

Given/first name(s)



F26 Child's gender Male Female

F27 Child's date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

F28 Child's country of birth

F29 Child's passport details

Number

Country

Expiry date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

F30 Other citizenships child holds

F31 Partnership status.

Married Never married Partner/De facto Separated Widowed Divorced

F32 Does this child have children of his/her own? Yes No

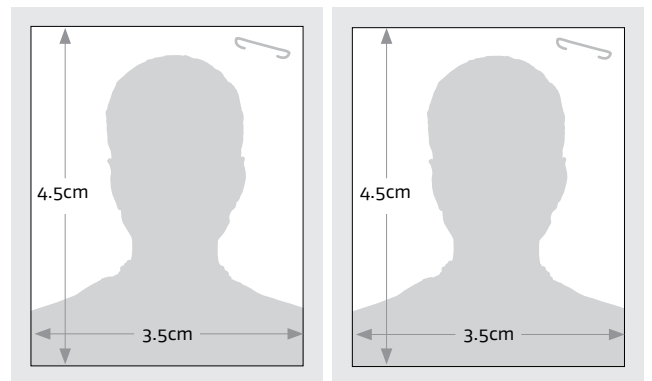
Dependent child five

Attach two identical 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 the photographs.

F33 Child's name as shown in passport

Family/last name

Given/first name(s)



F34 Child's gender Male Female

F35 Child's date of birth

F36 Child's country of birth

F37 Child's passport details

Number

Country

Expiry date

F38 Other citizenships child holds

F39 Partnership status.

Married Never married Partner/De facto Separated Widowed Divorced

F40 Does this child have children of his/her own? Yes No

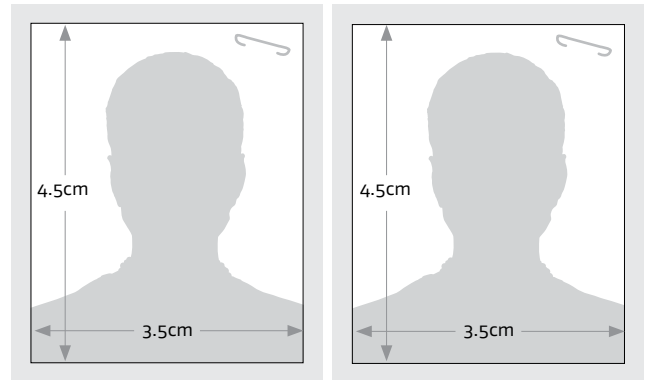
Dependent child six

Attach two identical 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 the photographs.

F41 Child's name as shown in passport

Family/last name

Given/first name(s)



F42 Child's gender Male Female

F43 Child's date of birth

F44 Child's country of birth

F45 Child's passport details

Number

Country

Expiry date

F46 Other citizenships child holds

F47 Partnership status

Married Never married Partner/De facto Separated Widowed Divorced

F48 Does this child have children of his/her own? Yes No

Give details of any additional dependants on the form *Additional Dependants for Residence in New Zealand (INZ 1001)*, and attach it to this page.

F49 Are you separated or divorced from the parent of any of the above children or is the parent of any of the above children **not** included in this application?

Yes *You must provide evidence. See 'Completing Section F: Dependent children' in the Global Impact Permanent Residence Guide (INZ 1248).*

No

Section G Character requirements

The following questions apply to every person included in this application 17 years of age and over.

i For more information about the questions in this section, see 'Completing Section G: Character requirements' in the *Global Impact Permanent Residence Guide*.

G1 List the countries you and/or your family have lived in for 12 months or more (whether on one visit or intermittently) in the last 10 years, with the dates you began and ended living there. If you do not know the exact dates you began and ended living in a country, give approximate dates. Please include your home country.

You may attach a separate sheet of paper if preferred for large amounts of travel information. Sign and date all attachments.

Name of applicant or family member

Name of country

Date of arrival

Date of departure

Name of applicant or family member

Name of country

Date of arrival

Date of departure

Name of applicant or family member

Name of country

Date of arrival

Date of departure

Name of applicant or family member

Name of country

Date of arrival

Date of departure

Name of applicant or family member

Name of country

Date of arrival

Date of departure

G2 Have you attached police certificates for each person aged 17 years and over included in your application from all countries you have lived in for 12 months or more in the last 10 years?

Yes No

Have you attached police certificates for each person aged 17 years and over included in your application from your country/countries of citizenship?

Yes No

If you have not provided all of the police certificates required, please explain why.

i For information on how to obtain a police certificate you can visit our website at www.immigration.govt.nz/policecertificate. If you do not have access to the internet you can call us on 0508 55 88 55 if you are in New Zealand, or (09) 914 4100 if you are in Auckland; or contact your nearest Immigration New Zealand office.

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.

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*

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

H3 Have you ever been involved in business fraud or financial impropriety?

Yes *Provide details* No

Section I Health requirements

i For more information on the questions in this section see 'Completing Section I: Health requirements' in the *Global Impact Permanent Residence Guide*, and read our leaflet *Health Requirements (INZ 1121)*.

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 [I2](#).

If not everyone included in the application has submitted a medical certificate and chest X-ray certificate 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 below as appropriate.

I do not have to provide any medical certificates or chest X-ray certificates at this stage.

I am providing a *Medical Certificate(s)* for

Principal applicant Partner Child(ren). Go to **17**.

I am providing a *Chest X-ray Certificate(s) (INZ 1096)* for

Principal applicant Partner Child(ren). Go to **17**.

13 Do you, or does anyone included in this application, have tuberculosis (TB)?

Yes *Provide details* No

14 Do you, or does anyone included in this application, have any medical condition that requires, or may require, one of the following 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.

15 Do you have a dependent child included in this application who requires special education services?

See 'Completing Section I: Health requirements' in the Entrepreneur/ERB Guide (INZ 1057) for further information.

Yes No

16 If you have answered Yes to any of the questions in **14** and **15** provide details.

17 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 Global Impact Visa Programme

J1 Do you currently hold a Global Impact Work visa?

- Yes No *You must currently hold a Global Impact Work visa and have held this visa for a period of at least 30 months for your application to be approved.*

J2 Does the Edmund Hillary Fellowship support this application and your continued participation in the Fellowship?

- Yes *You must provide a letter from the Edmund Hillary Fellowship to confirm this support*
 No *Your application cannot be approved without the ongoing support of the Edmund Hillary Fellowship.*

J3 Have you at any time since your Global Impact Work Visa was granted, applied for, or been granted welfare assistance in New Zealand?

- Yes *Provide details* No

Checklist for sections A to J

The Immigration Regulations in New Zealand require that we only accept residence applications for consideration that include the documents below. Complete the following checklist to ensure that you have included all these documents.

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 current passport(s) or certificate(s) of identity (the original documents or certified copies) for every person included in this application.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached two passport-sized photographs of every person included in this application.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached full birth certificate(s) (the original documents or certified copies) for every person included in this application.	<input type="checkbox"/>
<input type="checkbox"/>	I have provided the application fee and immigration levy.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached evidence of my relationship with my partner and dependent children (if applicable).	<input type="checkbox"/>
<input type="checkbox"/>	I or my physician have submitted a <i>General Medical Certificate (INZ 1007)</i> (less than three months old) for every applicant if required.	<input type="checkbox"/>
<input type="checkbox"/>	I or my physician have submitted a <i>Chest X-ray Certificate (INZ 1096)</i> (less than three months old) for every applicant if required..	<input type="checkbox"/>
<input type="checkbox"/>	I have attached police certificate(s) (less than six months old) for every person included in this application if required.	<input type="checkbox"/>
<input type="checkbox"/>	I have attached confirmation of support from the Edmund Hillary Fellowship	<input type="checkbox"/>

Section K 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 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 understand the notes and questions in this form and I declare the information given about myself, my partner, and any children is true and complete.

I declare that I have listed all my family members including any adopted 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 declare that I will inform INZ 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 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) and also with the Edmund Hillary Fellowship 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 INZ.

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 residence will be granted.

I understand that INZ may provide information about my entitlement to work to potential employers via the online VisaView system. VisaView is authorised by legislation.

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 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 the Ministry of Social Development if I apply for an emergency benefit.

I understand that I am not entitled to an emergency benefit, unemployment benefit on grounds of hardship, or sickness benefit on grounds of hardship from the Ministry of Social Development for the first 24 months of my residence in New Zealand unless I can show that I am in hardship. I also understand that if I apply for an emergency benefit, unemployment benefit on grounds of hardship, or sickness benefit on grounds of hardship, that I will need to show that I cannot support myself and my dependants before any application for emergency benefit, unemployment benefit on grounds of hardship, or sickness benefit on grounds of hardship is considered. I understand that my application for an emergency benefit, unemployment benefit on grounds of hardship, or sickness benefit on grounds of hardship may be declined if I have deprived myself of income or property, by gift or any other method.

Should my application be approved I agree to participate in an evaluation of the Business Immigration categories 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

Signature of partner Date

Signatures of accompanying dependent children over 18 years of age (if applicable)

Date

Date

Date

Section L 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 B5, only the person named at B3 must complete this section. If the applicant does not have an immigration adviser, this section does not have to be completed.

L1 If you are a licensed adviser, please provide your licence details.

Licence type full provisional limited *List conditions specified in the register*

Licence number *Go to Section M: Declaration by person assisting the applicant*

L2 If you are exempt from licensing, tick one box below to show why you are exempt from licensing then go to Section O: Declaration by person assisting the applicant.

- I provided immigration advice in an informal or family context only, and I did not provide the advice systematically 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

i See www.immigration.govt.nz/adviserlicensing for more information about who is exempt from licensing.

Section M 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 recording information on 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 not exempt under the Immigration Advisers Licensing Act 2007, it is an offence for you to provide immigration advice without holding a license, and Immigration New Zealand will refuse to accept your client’s application. More information about immigration adviser licensing can be obtained from the Immigration Advisers Authority website www.iaa.govt.nz, via email info@iaa.govt.nz or by telephone on 0508 422 422.

Name and address of person assisting applicant. Same as name and address given at B3, or as below.

Family/last name	Given/first name(s)
<input type="text"/>	<input type="text"/>

Organisation name (if applicable) and address

New Zealand Business Number (for New Zealand businesses only)

For help search: www.nzbn.govt.nz

Telephone 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. *Specify* _____
- I have **provided immigration advice** (as defined in the Immigration Advisers Licensing Act 2007) and my details in Section L: Immigration adviser's details are correct.

Signature of person assisting _____

Date

D		D		M		M		Y		Y		Y		Y
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About the information you provide

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a residence class 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.

It is an offence to employ a person who is not entitled to work in New Zealand. One way for employers to avoid committing this offence is to check a person's entitlement to work with Immigration New Zealand's online VisaView system. VisaView is authorised by legislation.

If you believe that an employer has been given the wrong entitlement information via VisaView you may contact the Immigration Contact Centre (0508 558 855) to request correction of that information.

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 when it is legally required or permissible 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.**

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).

Returning your documents

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

- B1
- B2
- B3

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

Section N

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

Signature of cardholder

Date



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

New Zealand Government