



Privacy Waiver

AUGUST 2022

I, _____ (first name LAST NAME),
DOB: _____ (DD MMM YYYY) hereby authorise Immigration New Zealand to disclose any relevant personal information held by Immigration New Zealand, including my claim to refugee and protection status, to:

Signed: _____

Dated: _____

Witness Name: _____

Date: _____

Phone: +64 09 928 2236
Fax: +64 09 914 5298

REFUGEE STATUS BRANCH
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162 Victoria Street West
Auckland

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