(to travel to New Zealand or to be in New Zealand to visit)

Application No. For INZ Use Only

If you are in New Zealand and applying for a further permit, you need to allow sufficient time for a decision to be made on your application before your current permit expires. If your permit does expire, your application for a further permit does not make your stay in New Zealand lawful or give you the right to remain in New Zealand while your application is being considered.

<u>Limited Purpose Visas and Permits</u> If you decide to apply directly for a Limited Purpose Visa and you are subsequently granted a Limited Purpose Permit, your immigration rights in New Zealand are restricted to fulfilling the express purpose for which you came.

IMPORTANT INFORMATION ABOUT THIS FORM

- Please ensure you have read the Guide for Visiting New Zealand (NZIS 1018) before completing
 this form and please read ALL information carefully to ensure the correct form is being used.
- To enable your application to be accepted you must submit ALL of the documents that apply to you
 that are set out below. If you do not do so your application will be returned to you.
- We may request additional information to enable your application to be determined. You may also submit
 other information with this application that you wish to have considered but please DO NOT SUBMIT
 ORIGINALS of this information as documents will NOT BE RETURNED TO YOU. Please submit
 photocopies only. If we need to see an original document you will be asked to produce it at a later date.
- All documents must be in English or translated into English.
- When filling in this form, please print clearly using CAPITAL LETTERS.

1. General Requirements

	lacksquare	
Applicant to tick	You must include the following ORIGINAL documents (unless otherwise stated). Where you are asked to provide COPIES ONLY you must do so as these documents will not be returned to you.	Office Use Only
	a. A completed, signed application form.	
	 The application fee (see our leaflet New Zealand Immigration's Guide to Fees (NZIS 1028), or refer to our website www.immigration.govt.nz). 	
	c. A valid passport or other travel document for each person included in this application valid for at least three months past the date you plan to leave New Zealand.	
	d. A recent passport size photograph for each person included in this application attached to the form at the sections indicated.	
	Please DO NOT send cash or other original evidence of funds or travel tickets with this application. Send COPIES ONLY of these items in the form of photocopies of travellers' cheques/bank draft/letters of credit or a bank statement in your name.	
	 e. Evidence of your financial support while in New Zealand: NZ\$1000 per person per month, or NZ\$400 per person per month and evidence of prepaid accommodation, or 	
	 A completed <i>Sponsorship Form for Visiting New Zealand</i> (NZIS 1025), guaranteeing your accommodation and maintenance, from a New Zealand citizen/resident friend or relative who lives in New Zealand. 	

f. Evidence of onward travel from New Zealand:	ш
 A valid ticket to a country to which you have right of entry, or 	
 A completed Sponsorship Form for Visiting New Zealand (NZIS 1025) from a New Zealand citizen/resident friend or relative who lives in New Zealand which guarantees your repatriation from New Zealand, or 	
 Evidence of sufficient funds in New Zealand to purchase a ticket to a country to which you have the right of entry. 	
PLEASE NOTE: Any non-refundable travel arrangements are made at your own risk.	
2. Category Specific Requirements	
Limited Purpose Visa and Permit applicants (questions A26 to A29 of this form) You must supply evidence of the purpose of your visit or for your request for a further permit.	
Application for the purpose of a culturally arranged marriage (Section B of this form) You must supply the evidence stated in B3 of this form.	
Legal guardians accompanying students in New Zealand You must supply evidence that you are the legal guardian of the student you are accompanying.	
Please refer to the <i>Guide for Visiting New Zealand</i> (NZIS 1018) for more details, including the definition of Legal Guardianship.	
Other Special Visitor Categories Please refer to the <i>Guide for Visiting New Zealand</i> (NZIS 1018) for additional requirements that will need to be submitted with your application.	
3. Health Requirements	
a. People who intend to be in New Zealand for more than six months who are from a country, area or territory <u>not</u> listed as a low incidence tuberculosis (TB) country, area or territory or who have spent more than a total of three months in the past five years in a country, area or territory <u>not</u> listed as a low incidence TB country, area or territory must complete a <i>Temporary Entry X-ray Certificate</i> (NZIS 1096).	
 People who intend to be in New Zealand for more than 12 months must complete a <i>Medical and Chest X-ray Certificate</i> (NZIS 1007). 	
Despite a and h above:	

• Pregnant women and children under 11 years of age are not required to have an X-ray, unless a special report is required.

Please refer to the *Health Requirements Leaflet* (NZIS 1121) for more details on immigration health policy and a list of low incidence TB countries, areas and territories.

This form may be used by a single applicant or a family (which may include a principal applicant, partner, and dependent children under 20), and may be used to apply for a Visitor's Visa or Permit or a Limited Purpose Visa or Permit. Please indicate: Number of persons included on this form Number of visitor visas applied for on this form Number of limited purpose visas/permits (delete one) applied for on this form. Personal Details **Section A Principal applicant** Client number: A1 Name as shown in passport Given: Family: Attach one Preferred title Miss Dr Other A2 Mr Mrs Ms recent passport size photograph of (please specify) yourself here. **A3** Other names you are known by Write your name on the back. **A4** Your name in ethnic script Date of birth Gender Male **Female** day month year Place and country of birth Place: Country: **A8** Number: Country: Passport details **Expiry Date:** day month year A9 Your citizenship A10 Other citizenships currently held A11 Do you identify with a particular ethnic group? If so, please specify. A12 Partnership status Married Never married Partner Separated Engaged Widowed Divorced A13 Are you applying for a visa/permit on the basis of a partnership? Yes No If No, please go to A14 If Yes, please answer the following: are you living in a genuine and stable partnership? Yes No If No, please explain will your partner be in New Zealand for the same period of time? Yes No do you meet the minimum requirements for the recognition of a partnership? Yes No do you intend to apply for residence under Partnership policy? Yes No if Yes, will your New Zealand citizen or resident partner be eligible to sponsor Yes No your application?

I may be conta	acted at this New	Zealand residential addres	s and telep	hone number:	
				Email	
				Telephone	
Name and ad	dress of any frien	ds, relatives or contacts I ha	ave in New	Zealand are:	
Name			Relat	ionship	
Address					
Name			Relat	ionship	
Address					
Name			Relat	ionship	
Address					
Name and add	dress for correspo	ondence about this applicat	ion:		
	·			Telephone – day	,
				Telephone – nig	ht
				Fax	
				Email	
If you have giv	en the name and	address of an agent in A10	6, do you a	uthorise that agent to	act on your behalf?
, ,		Ü	•	ŭ	Yes No
you will also be applications I section on pa	e advised by email odged at an Imm ge 12 of this form	•	een decide branch of	d. (Please note: this fice listed in the "Mo	facility is only available for
		ons to register to check my	• •		
Please note:	If you elect an a	gent to act on your behalt	your ager	nt will be sent instru	uctions for online enquir
Agent client re	eference for online	e enquiry			
or 1234Ċ5670	CC are acceptable	client – (up to 10 characters e. Don't use punctuation ma on behalf of an applicant.			
My residential	address in my ho	ome country is:			
_ist all periods	of employment,	including self-employment.			
List all periods Date from (dd/mm/yy)	Date to (dd/mm/yy)	including self-employment. Name of employer		Location	Type of work/ occupation/ job title
Date from	Date to			Location	occupation/
Date from	Date to			Location	occupation/
Date from	Date to			Location	occupation/

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A21	My stay in New Zealand will be financially supported in the following	way:				
A22	The arrangement I have made for outward travel from New Zealand	is:				
	If requested, please attach a copy of your travel itinerary or air ticket out of New Zeala	and.				
Prin	cipal Applicant: Application Details – Visi	tor'	s Vis	a or	Permit	
	DO NOT complete this section if you are applying for a Limited Pur to A30)	pose \	/isa or F	Permit (see questions	A27
A23	I am applying for a Visitor's Visa to travel to New Zealand, o	r				
	I am applying for a Visitor's Permit to be in New Zealand, or					
	I am applying for a Visitor's Permit and a Visitor's Visa as I a	ım alre	eady in N	lew Zea	aland	
A24	If applying for a Visitor's Visa:		1 1			
	This is the date I will enter or re-enter New Zealand:	day	month	year		
	This is the date I will finally depart New Zealand:					
	I would like a single journey Visitor's Visa, or	day	month	year		
	I would like a multiple journey Visitor's Visa					
A25	Please state the purpose for entering New Zealand or for staying lor	nger in	New Ze	aland		
	If you wish to apply to study or work in New Zealand please use a study or work appl	ication f	orm.			
A26	If applying for a Visitor's Permit:					
	This is the date I arrived in New Zealand:	day	month	year		
	This is the date I request my Visitor's Permit be valid to:					
	This is the date I will finally depart New Zealand:	day	month	year		
	is the sale i iii iii any depart iii salaha.					
		day	month	year		

Limited Purpose Visa or Permit Complete questions A27 to A30.

DO NOT complete questions A27 to A30 if you are applying for a Visitor's Visa or Permit.

Only complete this section if:

• you are travelling to New Zealand for an "express purpose" and you wish to have a Limited Purpose Permit in New Zealand,

or

• your existing Limited Purpose Permit will not last long enough for you to achieve your "express purpose" and you therefore require a further one.

A 0.7		nt: Application Details – Limito mited Purpose Visa to travel to New Zealan	•						
A27	I am applying for a further Limited Purpose Permit to be in New Zealand								
	You may only apply for a fu further time to achieve the	orther Limited Purpose Permit if you already "express purpose".	have a Limited Purpose Pe	ermit and you ne	ed				
		ou are not able to apply for any other type of and. For general information and a list of "exp and Permits (NZIS 1070).							
A28	(NZIS 1012) form.	is to study in New Zealand please use the Assess purpose", the date the "express purposed below.							
A29	If applying for a Limited P	urpose Visa:							
ALU	This is the date I will enter	•	day month year						
	This is the date I will finally	depart New Zealand:	day month year						
A30	If applying for a further Lin This is the date I arrived in	nited Purpose Permit: New Zealand on a Limited Purpose Visa:	day month year						
	This is the date I will finally	depart New Zealand:	day month year						
	Please list the reasons wh	y you require a further Limited Purpose Pe l							
	Ticase list the reasons with	y you require a further Ellinted I di pose I c i							
	Section B	Application for th culturally arrange	e purpose o d marriage	f a					
	Complete this section ONL	Y if you are applying for a visa/permit for the	purpose of culturally arrai	nged marriage.					
B1	identified cultural tradition	aland for the purpose of entering a marriage where the arrangements for the marriage, in ed, are made by persons who are not parties	cluding the initial selection	Yes No	o 🔲				
B2	Do you intend to marry wit	hin 3 months of your arrival in New Zealand?	?	Yes No	0				
В3	Please mark the box to co	nfirm you have supplied the following items:							
	Evidence that the per	son you intend to marry is a New Zealand o	itizen or resident; and						
	Evidence that the Ne	w Zealand citizen or resident you intend to m	narry:						
	supports your ap	pplication in writing; and							
	is eligible to spo	nsor your application							
		s no legal impediment to the intended marria							
		rriage follows an identified cultural tradition;							
		d the New Zealand citizen or resident you in recognition of partnership.	tend to marry comply with	the minimum					

Section C Family Details

Parti	ier				
C1	Name as shown in pass	oort			
	Family:		Given:		
C2	Preferred title Mr	Mrs Ms Miss	Dr othe	r [(please specify)	Attack and wasset
C3	Other names they are kn	nown by			Attach one recent passport size photograph.
C4	Name in ethnic script				Write name on back.
C5	Gender Male Fer	male C6 Da	ate of birth	month year	
C7	Place and country of birt	h Place:		Country:	
C8	Their citizenship				
C9	Passport details	Number:		Country:	
		Expiry Date:			
C10	Other citizenships currer		/ear		
			O. Ifl		
C11	Does your partner identifi	fy with a particular ethnic gr	oup? If so, please	в ѕресіту.	
C13	Child's name as shown in	ails for each dependent child		application:	
	Family:		Given:		
Child 1	Attack and vacant	C14 Male Female Female C16 Country of birth	ale C	15 Date of birth	day month year
t T	Attach one recent passport size photograph.	C17 Passport number			
Dependent Chi	Write name on back.	Expiry Date:			
bel		C18 Country of citizens		day month year	
Ö		C19 Other citizenships			
C20	Child's name as shown in				
020	Family:		Given:		
d 2		C21 Male Fema	ale C	22 Date of birth	
iii Siii	Attach one recent	C23 Country of birth			day month year
int (passport size photograph.	C24 Passport number			
nde	Write name on back.	Expiry Date:		day month year	
Dependent Child		C25 Country of citizens		,Silai you	
<u>(</u>					

C27	Child's name as shown in Family:		Given:		
ild 3	railily.	C28 Male Female	C29	Date of birth	day month year
S	Attach one recent	C30 Country of birth			
ent	passport size photograph. Write name on back.	C31 Passport number			
Dependent Child	write riame on back.	Expiry Date:	day	month year	
Del		C32 Country of citizenship			
		C33 Other citizenships currently	y held		
C34	Child's name as shown in				
<+	Family:		Given:		
pli pli		C35 Male Female	C36	Date of birth	day month year
S	Attach one recent	C37 Country of birth			
ent	passport size photograph.	C38 Passport number			
Dependent Child 4	Write name on back.	Expiry Date:	day	month year	
De		C39 Country of citizenship			
		C40 Other citizenships currently	y held		
	Section D	Additional De	tails		
	Section D	Additional De			
D1	Only complete this section Do you or any person inclination.	on for you and any person include luded in this application have a Nation	d in this applic		ntifier that was
	Only complete this section	on for you and any person include luded in this application have a Nation	d in this applic		
	Only complete this section Do you or any person included issued to you by any government.	on for you and any person include luded in this application have a Nation	d in this applic	or other unique ide	ntifier that was
	Only complete this section Do you or any person included issued to you by any government.	on for you and any person include luded in this application have a Nation ment?	d in this applic	or other unique ide	rntifier that was Yes No
	Only complete this section Do you or any person includes in the section of the s	on for you and any person include luded in this application have a Nation ment?	d in this applic	or other unique ide	rntifier that was Yes No
D1	Only complete this section Do you or any person includes in the section of the s	on for you and any person include luded in this application have a Nation ernment? Name of applicant	d in this applic	National ID num e in any country? nclude the applicant d in, and your/their	rentifier that was Yes No Aber/unique identifier Yes No S name, dates of role within the unit(s).
D1	Only complete this section Do you or any person includes in the section of the s	on for you and any person include luded in this application have a National Pernment? Name of applicant Included in this application undertake rief chronological account of your minder, your/their position/rank, unit(s) that ry ID number(s) assigned to you or second successional account of your minder.	n military service. Ir you/they serve any person incle to	National ID num e in any country? nclude the applicant d in, and your/their	rentifier that was Yes No Aber/unique identifier Yes No S name, dates of role within the unit(s).
D1	Only complete this section Do you or any person includes included to you by any gove of the section of the sec	on for you and any person include luded in this application have a National Pernment? Name of applicant Included in this application undertake rief chronological account of your mind your/their position/rank, unit(s) that ry ID number(s) assigned to you or any ID number(s) assign	n military service. Ir you/they serve any person incle to	National ID num e in any country? nclude the applicant d in, and your/their uded in this applicat	rentifier that was Yes No Aber/unique identifier Yes No s name, dates of role within the unit(s). ion.
D1	Only complete this section Do you or any person includes included to you by any gove of the section of the sec	on for you and any person include luded in this application have a National Pernment? Name of applicant Included in this application undertake rief chronological account of your mind your/their position/rank, unit(s) that ry ID number(s) assigned to you or any ID number(s) assign	n military service. Ir you/they serve any person incle to	National ID num e in any country? nclude the applicant d in, and your/their uded in this applicat	rentifier that was Yes No Aber/unique identifier Yes No s name, dates of role within the unit(s). ion.
D1	Only complete this section Do you or any person includes included to you by any gove of the section of the sec	on for you and any person include luded in this application have a National Pernment? Name of applicant Included in this application undertake rief chronological account of your mind your/their position/rank, unit(s) that ry ID number(s) assigned to you or any ID number(s) assign	n military service. Ir you/they serve any person incle to	National ID num e in any country? nclude the applicant d in, and your/their uded in this applicat	rentifier that was Yes No Aber/unique identifier Yes No s name, dates of role within the unit(s). ion.
D1	Only complete this section Do you or any person includes included to you by any gove of the section of the sec	on for you and any person include luded in this application have a National Pernment? Name of applicant Included in this application undertake rief chronological account of your mind your/their position/rank, unit(s) that ry ID number(s) assigned to you or any ID number(s) assign	n military service. Ir you/they serve any person incle to	National ID num e in any country? nclude the applicant d in, and your/their uded in this applicat	rentifier that was Yes No Aber/unique identifier Yes No s name, dates of role within the unit(s). ion.
D1	Only complete this section Do you or any person includes included to you by any gove of the section of the sec	on for you and any person include luded in this application have a National Pernment? Name of applicant Included in this application undertake rief chronological account of your mind your/their position/rank, unit(s) that ry ID number(s) assigned to you or any ID number(s) assign	n military service. Ir you/they serve any person incle to	National ID num e in any country? nclude the applicant d in, and your/their uded in this applicat	rentifier that was Yes No Aber/unique identifier Yes No s name, dates of role within the unit(s). ion.

	Name of applicant		Military ID number
Are you or any pe	rson included in this application preser	ntly subject to military ser	vice
obligations in any	country?		Yes No
If No. and you or a	any person included in this application	are a citizen of a country	in which compulsory
military service ex	ists, state below why you/they are exe	mpt from military service.	iii wilicii compuisory
		,	
Havo you or any n	erson included in this application beer	a accociated with any into	Illiganca
agency or group. (or law enforcement agency?	r associated with any line	Yes No
	•		
If Yes, please spec	cify:		
Have you or any p	erson included in this application been	n associated with any gro	up or
organisation that I	has engaged in or promoted the use o	f violence to further their a	aims? Yes No
If Yes, please spec	eifv:		
	,-		
Have you or any r	person included in this application ever	committed or boon involv	ved in the
commission of wa	r crimes, crimes against humanity, and	d/or human rights abuses	? Yes No
		9.112 212 3000	
If Yes, please spec	cify:		

Section E Character Details **E**1 Have you or any person included in this application been: Yes No convicted No charged Yes under investigation No Yes for any offence(s) against the law in any country; or Yes deported No excluded (refused entry) Yes No removed Yes No from any country? If you have marked Yes to any of the above, please provide details below: Health Details Section F Are you, or any person included in the application, pregnant? Yes No Do you, or any person included in the application have: Pulmonary Tuberculosis (TB)? Yes No Do you, or any person included in the application, have any medical condition(s) that currently requires, or may require during your intended stay in New Zealand: Renal dialysis? Yes No Hospitalisation? Yes No Residential care*? Yes No *Residential care is long-term care provided in a live-in facility such as an aged person's facility or a facility for people with a physical, sensory intellectual or psychiatric disability. F4 I have read the *Health Requirements Leaflet* (NZIS 1121) and I am aware of the health information I need to provide with this application. Yes Nο Are you, or any person included in the application from a country that is **not** on the list of low incidence TB countries? Yes Nο Have you, or any person included in the application spent three months or more in the past five years in a country that is **not** on the list of low incidence TB countries? Yes If you have answered Yes to F5 or F6, please provide details below. For a list of low incidence TB countries, refer to the Health Requirements Leaflet (NZIS 1121).

F8	How long do you intend to	visit in New Zealand?					
	Have you submitted a medi application in the past 24 m	cal certificate with another Immigration this?	on New Zealand Yes No	(go to question F9) (go to question F10)			
F9	Please provide details of the	e type and date of the previous applic	cation:				
	Type of application:		Date of application:	day month year			
	We will advise you if we no certificate at a later date.	eed you to submit further informat	tion, such as tests, rep	orts or a new			
F10	Have you attached a compl OR	eted Temporary Entry Chest X-ray	Certificate (NZIS 1096))? Yes No			
F11	Have you attached a compl	eted Medical and Chest X-ray Certi	ificate (NZIS 1007)?	Yes No			
	Please note: All immigration visa and permit holders who access health services in New Zealand should carry a current passport to enable health providers to document eligibility status. We strongly recommend that you have comprehensive health insurance for the duration of your visit. For more information visit the Ministry of Health website at www.moh.govt.nz.						
S	ection G	Declaration					
I understar visa and the I understar removal ac Residents publicly fur eligible. Per funded he pay for an I authorise authorise I authorise make a deholds information of the studer revoked if If granted a g	nd that if, between the time that e time I travel to New Zealand, and I am responsible for making ction. and people holding work perioded health and disability serveple covered by New Zealan alth care for immediately need to health care or medical assist e INZ to provide information any health service agency to expression on this application and mation (including personal in a permit as a legal guardian at I am accompanying. I under this condition is breached.	Into of this form, and the information I make this application and the time it is do any relevant matter relating to the application graph of the application and the time it is do any relevant matter relating to the application of the application of the application of the action of	decided, or between the time ation changes, I am obliged bermit expires and that if I and their dependent childrents, and visitor permit how a Australia and the UK are retand that if not entitled application may require a signation status to any health to INZ. I formation provided on the injuration status. I authorise of disclose that information of the pof the student I am according to the student I am according to the student I am according the st	ne I am issued with a d to inform INZ. I do not I may face en) are eligible for olders generally are not re entitled to publicly to free treatment, I will in New Zealand. ealth service agency. I is form in order to se any agency which on to INZ. ermit that I live with mpanying may be			
to leave in	ew Zealand on or before the 6	expiry date of that Fermit.					
Signature of	f principal applicant			day month year			
Signature of	f partner			day month year			
Signature of	f dependent child			day month year			
Signature of	f dependent child			day month year			

Note: a parent or guardian may sign on behalf of any children aged under 17 years.

Signature of dependent child

day month year

Section H

Declaration for Person Assisting the Applicant to Complete This Form

To be completed and signed by any person who has assisted the applicant to complete this form by explaining, translating or filling in the form for the applicant.

Full name of person assisting:	
Address of person assisting:	
I understand that after the applicant has signed this form it is an offence to alter or material attached to it, or attach any further material to it, unless the person makin form what information or material has been altered or attached, why and by whom. I this offence is a fine of up to NZ\$100,000 and/or a term of imprisonment of up to 7 years.	g the alteration or addition states on the understand that the maximum penalty for
I certify that I have assisted in the completion of this form and any additional forms the applicant understood the content of the form(s) and agreed that the information declaration. I have assisted the applicant as a:	·
	other advisor Please specify:
Signature of person assisting:	
	day month year

Section I Privacy Act

The information about you on this form is collected to determine your eligibility for a Visitor's Visa or Permit or, as the situation requires, for a Limited Purpose Visa or Permit and may also be used to contact you for research purposes or to advise you on immigration matters. This information may also be used to determine your entitlement to board a flight to come to or return to New Zealand. Your personal information will not be shared with airline check in agents, however a boarding message will be returned to the airline check in agent based on information you have supplied on this form.

The main recipient of the information is Immigration New Zealand of the Department of Labour but it may also be shared with other Government agencies which are entitled to this information under applicable legislation, or with other agencies in accordance with an authority in the form.

The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand. **This is not where your application should be sent.**

The collection of the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under that Act. The supply of the information is voluntary, but if you do not supply it then your application is likely to be declined.

You will, if you come to New Zealand, have a right to access the information about you held by Immigration New Zealand and to ask for any of it to be corrected if you think that is necessary.

Your application should be sent to your nearest Immigration New Zealand Branch or New Zealand Embassy or High Commission.

Section J More Information and Advice

You can get more information and advice from:

- New Zealand diplomatic and consular offices.
- Any of our INZ branch offices overseas. We have overseas offices in Apia, Bangkok, Beijing, Hong Kong, Jakarta, London, Moscow, New Delhi, Nuku'alofa, Shanghai, Singapore, Suva, Sydney, Taipei and The Hague
- Any of our INZ branch offices in New Zealand, which are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

All INZ forms, leaflets, and fee information can be downloaded from our website at: www.immigration.govt.nz.

Advance Passenger Screening

- New Zealand has implemented a system designed to enhance the security of New Zealand's borders. You may be refused permission to board your flight to come to, or return to, New Zealand if:
 - you do not have an appropriate visa to enter New Zealand; or
 - · your visa has expired; or
 - your visa has not been transferred to your current/new passport or the passport being used to enter New Zealand.
- To minimise any disruption to your travel plans please ensure your travel documents are up-to-date and that you have the appropriate and current visa. If you have any questions check **www.immigration.govt.nz.**

C(Direction Details
	I wish to collect my documents when ready. (Note – this option is not available to applicants in the Auckland region.)
	Please return all documents to me by "secure" post at the address given.

Section K Payment Details

_									
I am paying (amount)		Currency		Application i	number				
Preferred methods of	payment								
Bank Cheque/Ba	nk Draft	EFTPOS*		Credit card or SV	VITCH				
*Note the EETPOS ont	*Note the EFTPOS option is not available if lodging application by mail.								
·		in loughing applied	allon by n	iaii.					
SWITCH card issue nu	mber (in UK only)			0 "					
				Credit card (specify type)	Maste	ercard	Vi	isa	
				(Specify type)					
Name of Cardholder				Card number		Ex	piry Date		
C.V.C. Number Signatur	re of cardholder					day	month	year	
The following method	ls of payment car	n be used but ar	e not rec	ommended for the	noted r	easoi	1S.		
				_					
Personal Cheque	Your application w be processed.	vill be held for 10 wo	orking day	s to ensure the chequ	e has cle	eared I	oefore it	will	
Cash	Cash should no	t he sent throug	ıh the ms	il for security reaso	nne				
Casii	ousii siloulu ilo	or be sent timoug	jii tiile iile	iii ioi sccurity reast)113.				
Note:									

- Money Orders are not an acceptable form of payment.
- Please see our leaflet **New Zealand Immigration's Guide to Fees** (NZIS 1028). All current fees and specific payment instructions for offshore branches can be found on INZ website at **www.immigration.govt.nz**.

New Zealand the right choice