

Application for Long Term Business Visa and Permit

Business

For help completing this form, refer to the “Guide to Applying for Long Term Business Visa and Permit” (NZIS 1059).

Note: If there is not enough room on this application form to answer a question fully, please answer on a separate sheet of paper and state on the form that you have done so. **Please sign each additional sheet of paper.**

Section A Personal Details

Client number:

Principal applicant

A1 Name as shown in passport

Family:

Given:

A2

Preferred title

Mr ☐

Mrs ☐

Ms ☐

Miss ☐

Dr ☐

other

(please specify)

A3

Other names you are known by

A4

Your name in ethnic script

A5

Gender

Male ☐

Female ☐

A6

Date of birth

day	month	year

A7

Place and country of birth

Place:

Country:

A8

Passport details

Number:

Country:

A9

Other citizenships currently held

A10

Name and address for correspondence (or agent details). Use both English and own language where required.

Phone/ day:

Phone/ night:

Fax:

Email:

Pin or staple two recent passport size photographs of yourself here. Write your name on the back of each photograph.

A11

Your current home address and telephone number.

Are we able to contact you directly regarding your application?

Yes ☐ No ☐

Phone/ day:	
Phone/ night:	
Fax:	
Email:	

Address in your home country

A12

Partnership status

☐ Married☐ Never married☐ Partner☐ Separated☐ Engaged☐ Widowed☐ Divorced

A13

Give details of ALL your family, whether migrating with you or not.

It is not necessary to list deceased family members.

Full name	Gender M/F	Date of birth	Partnership status	Country of residence
-----------	---------------	---------------	-----------------------	----------------------

Parents (birth and adoptive)

Brothers and sisters (including full, half and adopted brothers and sisters)

Children (including from previous partnerships)

Does the person intend
to accompany you to NZ?
Yes No

					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Partner

A14

Name as shown in passport

Family: Given:

A15

Preferred title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ other
(please specify)

A16

Other names they are known by

A17

Name in ethnic script

A18

Gender Male ☐ Female ☐

A19

Date of birth
day month year

A20

Place and country of birth Place: Country:

A21

Passport details Number: Country:

A22

Other citizenships currently held

A23

Please indicate whether your partner is applying for a work or visitor visa or permit. Work ☐ Visitor ☐

A24

How long have you been living together in this partnership? Years Months

A25

Do you meet the minimum requirements for recognition of partnership? Yes ☐ No ☐

A26

Are you living together in a genuine and stable partnership? Yes ☐ No ☐

If you are not living together please explain.

A27

Give details of ALL your partner's family, whether migrating with you or not.
It is not necessary to list deceased family members.

Full name	Gender M/F	Date of birth	Partnership status	Country of residence
-----------	---------------	---------------	-----------------------	----------------------

Parents (birth and adoptive)

Brothers and sisters (including full, half and adopted brothers and sisters)

Children (including from previous partnerships)

					Does the person intend to accompany you to NZ?	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach two recent passport size photographs. Write name on back.

Supply the following details for each dependent child included in this application

A28

Dependent Child 1

Child's name as shown in passport

Family:

Given:

Attach two recent
passport size
photographs.
Write name on back.

A29

Male ☐

Female ☐

A30

Date of birth

day month year

A31

Country of birth

A32

Passport number

A33

Country of citizenship

A34

Other citizenships currently held

A35

Please indicate whether your child is applying for a student or visitor visa or permit.

Student ☐

Visitor ☐

A36

Dependent Child 2

Child's name as shown in passport

Family:

Given:

Attach two recent
passport size
photographs.
Write name on back.

A37

Male ☐

Female ☐

A38

Date of birth

day month year

A39

Country of birth

A40

Passport number

A41

Country of citizenship

A42

Other citizenships currently held

A43

Please indicate whether your child is applying for a student or visitor visa or permit.

Student ☐

Visitor ☐

A44

Dependent Child 3

Child's name as shown in passport

Family:

Given:

Attach two recent
passport size
photographs.
Write name on back.

A45

Male ☐

Female ☐

A46

Date of birth

day month year

A47

Country of birth

A48

Passport number

A49

Country of citizenship

A50

Other citizenships currently held

A51

Please indicate whether your child is applying for a student or visitor visa or permit.

Student ☐

Visitor ☐

A52

Dependent Child 4

Child's name as shown in passport

Family:

Given:

Attach two recent
passport size
photographs.
Write name on back.

A53

Male ☐

Female ☐

A54

Date of birth

day month year

A55

Country of birth

A56

Passport number

A57

Country of citizenship

A58

Other citizenships currently held

A59

Please indicate whether your child is applying for a student or visitor visa or permit.

Student ☐

Visitor ☐

A60

Does any person not included in this application have custody or visitation rights over any of the above children?

No ☐

Yes ☐

If Yes, supply evidence that you have been granted the right to bring this child permanently to New Zealand.

Additional Details

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

A61 Do you or any of your accompanying family members have a National ID number, or other unique identifier that was issued to you by any government? Yes ☐ No ☐

If Yes, please list here:

Name of applicant	National ID number/unique identifier

A62 Have you or any of your accompanying family members undertaken military service in any country? Yes ☐ No ☐

If Yes, please provide a brief chronological account of your/their military service. Include the applicant's name, dates of your/their military service, your/their position/rank, unit(s) you/they served in, and your/their role within the unit(s). Please also list any military ID number(s) assigned to you or your accompanying family members.

Name of applicant	Date from (dd/mm/yy)	Date to (dd/mm/yy)	Rank	Unit	Role
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

Military ID number(s):

Name of applicant	Military ID number

A63 Are you or any of your accompanying family members presently subject to military service obligations in any country? Yes ☐ No ☐

If No, and you or any of your accompanying family members are a citizen of a country in which compulsory military service exists, state below why you/they are exempt from military service.

A64 Have you or any of your accompanying family members been associated with any intelligence agency or group, or law enforcement agency?

Yes ☐ No ☐

If Yes, please specify:

A65 Have you or any of your accompanying family members been associated with any group or organisation that has engaged in or promoted the use of violence to further their aims?

Yes ☐ No ☐

If Yes, please specify:

A66 Have you or any of your accompanying family members ever committed or been involved in the commission of war crimes, crimes against humanity, and/or human rights abuses?

Yes ☐ No ☐

If Yes, please specify:

Character requirements

Please answer **A67** and **A68** in respect of every person in your application 17 years of age and over if:

- this is your first application under LTBV policy; or
- you have held a Work Visa or Permit under LTBV policy for 3 years and are applying for a further Work Visa or Permit.

A67

List the countries, including all countries of citizenship, you and/or your family (if applicable) have lived in for more than 5 years since attaining the age of 17 and attach police certificates from each of these countries.

Name	Name of country	Date of arrival	Date of departure

A68

Are you and/or any of your accompanying family members currently under investigation, or wanted, by any law enforcement agency in any country?

Yes ☐

No ☐

Have you and/or any of your accompanying family members ever been:

- Convicted or found guilty of any offence(s) against the law in any country? Yes ☐ No ☐
- Sentenced to serve a period of time in prison or other form of detention? Yes ☐ No ☐
- Placed on probation? Yes ☐ No ☐
- Charged with any offences against the law in any country? Yes ☐ No ☐
- Deported, excluded or removed from any country, including New Zealand? Yes ☐ No ☐
- Asked to leave any country, including New Zealand? Yes ☐ No ☐
- Refused entry to any country, including New Zealand? Yes ☐ No ☐
- Refused a visa/permit to visit, work, study or reside in any country, including New Zealand? Yes ☐ No ☐
- Involved in any terrorist activities or advocated similar violent activities? Yes ☐ No ☐
- A member of, or adhered to, any terrorist organisation? Yes ☐ No ☐
- Involved in the illicit drug trade? Yes ☐ No ☐
- A member of, or adhered to, any organisation or group with criminal objectives or which has engaged in criminal activities or advocated such activities? Yes ☐ No ☐
- A member of, or adhered to, any group of persons or organisation which, at the time of membership or adherence, had objectives which were based on hostility against persons or groups of persons on the basis of their colour, race, or ethnic or national origin, or were based on a representation that persons of a particular race or colour are inherently inferior or superior to other races or colours? Yes ☐ No ☐
- Convicted of an offence (including a traffic offence), committed within the last five years, involving dangerous driving, driving having consumed excessive alcohol (including drunk driving and driving with a blood or breath alcohol content in excess of a specified limit) or driving having consumed drugs? Yes ☐ No ☐

If you answered "Yes" to any of the above questions, give full details and the name of the family member(s).

Health requirements

- A69** Have you, and every person included in the application, completed **Medical and X-ray Certificate(s)** (NZIS 1007)? Yes ☐ No ☐

Please read the **Health Requirements Leaflet** (NZIS 1121) for full details of the health requirements for your application.

English language requirements

Minimum English language requirements apply to first time applicants or applicants seeking a further 3 year Long Term Business Visa and Permit who have not previously met English language requirements. For details see the **Guide to Applying for Long Term Business Visa and Permit** (NZIS 1059).

- A70** Do you meet the minimum standard of English language? Yes ☐ No ☐

If Yes, please provide evidence of your English language ability.

Section B Business Plan Information

Note: If you have held a Work Visa or Permit under LTBV policy for less than 3 years, you are applying for a further work visa or permit, and the business proposal consented to by the NZIS has not changed, you do not need to answer the questions in Sections B-F.

Questions **B1** and **B2** are for statistical purposes only. All details of a business proposal should be covered in the Business Plan.

- B1** Your intended business (tick one box only)

Administration/customer service	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Advertising/media/public relations	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Sales/Marketing	<input type="checkbox"/>
Agriculture/forestry/fishing	<input type="checkbox"/>	Hospitality/restaurant	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Arts/culture/entertainment	<input type="checkbox"/>	Human resources	<input type="checkbox"/>	Telecommunication	<input type="checkbox"/>
Central government	<input type="checkbox"/>	Information technology	<input type="checkbox"/>	Tourism/accommodation	<input type="checkbox"/>
Education/training	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Water/gas/electricity	<input type="checkbox"/>
Engineering/science	<input type="checkbox"/>	Local government	<input type="checkbox"/>	Other (specify)	
Film/video	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>		

- B2** In which town or city do you intend to locate your business?

- B3** Please 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.

Please attach evidence.

- B4** What is the status of your proposed business? ☐ new ☐ established

- B5** Please state the amount of funds in \$NZ that you have available to start up your proposed business.

Section C Business Outline

- C1** Please give details of your proposed business venture, including type of business, industry, position in the market, targeted customers, suppliers and distributors, required assets etc.

- C2** What do you expect the business to achieve in its first three years?

- C3** What is the proposed ownership structure of the business?

☐ Sole trader ☐ Partnership ☐ Limited liability company
☐ Subsidiary of overseas company ☐ Other

- C4** Will the business have any links with other overseas businesses?

☐ Yes ☐ No

If Yes, please give details of overseas company, activities, location, and nature of proposed relationship.

- C5** How will your proposed business benefit New Zealand?

C6 What is your intended involvement/role in the operation of the proposed business?

C7 How many full-time employees will the business require?

C8 What type of skills will these employees require, and are these skills readily available in New Zealand?

C9 Provide details of the proposed marketing strategy of the business, including details on market size, estimated market share, market positioning, competitor analysis, distribution and pricing strategy.

C10 Prepare a brief SWOT analysis of the proposed business
— strengths, weaknesses, opportunities, threats.

Strengths	Weaknesses
Opportunities	Threats

C11 Provide details of the 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.

Section D Financial Information

Financial forecasts

- D1** Please provide details of the start-up costs for the business, research and development, recruitment, asset purchase, including legal and professional fees etc.

- D2** Please provide details of the forecast profit and loss statements for the business in the format detailed below. Please complete form or attach forecasts separately.

Forecast Profit and Loss Statement

NZ\$000	Year 1	Year 2	Year 3
Revenue (A)			
Cost of sales (B):			
Labour			
Overheads			
Raw materials			
.....			
Gross Margin (C=A-B)			
Expenses (D):			
Salaries			
Rent			
Depreciation			
Administration			
Audit fees			
Legal fees			
.....			
.....			
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)			
Ratios			
Gross Margin % (= C/A x100)			
Net profit after Tax/ Revenue % (=I/A x100)			
Interest Cover — times (=E/F)			

D3

Please provide a three-year cash flow forecast for the proposed business, in the format detailed below. Please complete the form below or attach forecasts separately.

Cash-flow forecasts

NZ\$000	Year 1	Year 2	Year 3
Net profit after tax			
Add: Depreciation			
Gross cash-flow			
Working capital required			
Debtors			
Inventory			
Creditors			
Other assets			
Creditors			
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 shareholder loans			
Increase/(decrease) of inter-company loans			
Cash provided from investing (C)			
Net cash flow (D=A+B+C)			
Opening cash balance (E)			
Plus/(minus) net cash flow (F=D)			
Closing cash balance profits (G=E+F)			

Financing options

D4

What level of capital investment will the business require?
(please attach third party evidence that you have these funds available)

D5

What level of capital will you bring into the business?

D6

Will the business require additional financing?

D7

How are you intending to arrange financing for your business?
Include with your answer details of potential financiers or equity partners.

Section E Business Experience

E1

Please describe your past and present business management experience. Include details of how you started out, and the type and nature of businesses you have been involved in. Give specific details of your responsibilities and duties within the company(ies).

E2

Provide details of your existing businesses, including business type, background, turnover, profitability, and number of employees. Please provide contact details for the businesses.

E3

What is your share of ownership in each of your existing businesses?

E4

Have you ever been involved in a business failure or bankruptcy?

☐ Yes ☐ No

If Yes, please provide details.

E5

Have you ever been convicted of fraud or financial impropriety?

☐ Yes ☐ No

If Yes, please provide details

E6 Provide details of any business or trade qualifications and university degrees, including institution, date and qualification type, and attach certified copies of these.

E7 Does your proposed business require you to utilise any professional qualifications?

☐ Yes ☐ No

If Yes, please provide proof that you have obtained full registration of these qualifications in New Zealand.

Section F Knowledge of New Zealand Market

F1 Describe the extent of your knowledge regarding the New Zealand business environment.

F2 Have you had any previous involvement with/in any business in New Zealand?

☐ Yes ☐ No

If Yes, please provide details of the involvement.

F3 Have you made contact or sought advice from any relevant trade associations in New Zealand?

☐ Yes ☐ No

If Yes, please provide details of the contact.

F4 Have you commissioned any independent research regarding the potential and the viability of your proposed business in New Zealand?

☐ Yes ☐ No

If Yes, please provide details of the research.

F5 Have you received any professional advice regarding the establishment of the business?

☐ Yes ☐ No

If Yes, please provide details of the advice and the outcome.

F6 Will your business require any consents under the Resource Management Act or the Overseas Investment Act?

☐ Yes ☐ No

If Yes, please provide details.

F7 Do you have any family members or associates who are currently operating similar businesses in NZ?

☐ Yes ☐ No

If Yes, please provide details of this business.

Section G Contact Details

G1 Name as shown in passport

Family: Given:

Preferred title Mrs ☐ Mr ☐ Ms ☐ Miss ☐ Dr ☐ Other
(please specify)

G2 Name and address for correspondence (or agent details).

Phone/ day:	
Phone/ night:	
Fax:	
Email:	

Section H

Declaration

This part must be signed by the principal applicant, partner and dependent children aged 17 years and over. Make sure you understand the declarations below before you sign them.

Important

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 way, my application may be declined, or my visa or permit may later be revoked, and that I may also be committing an offence and liable to prosecution.

I understand that I am required to inform NZIS about any relevant changes to my circumstances that occur after I lodge this application.

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 the NZIS to make any enquiries it deems necessary in respect of the information provided on this form 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 also consent to any organisation providing relevant information to the NZIS about me.

I authorise the NZIS 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 the NZIS.

I accept that any advice given to me by the NZIS before lodging this application was intended to assist me and acting on that does not mean that my application for a long term business visa and permit will be approved.

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 permit 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 Long Term Business Visa/Permit category for a period of up to 5 years after the approval of my application. I agree to inform NZIS of any changes to my postal/contact address within 5 years from the date of approval for the purpose of participating in the aforementioned evaluation.

Signature of principal applicant

Signature of partner (if applicable)

Signature of parent or guardian if principal applicant is under 17 years of age

Signature of accompanying dependent children 17 years of age and over (if applicable)

day month year

day month year

day month year

day month year

Section I 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 enter further information on it, alter any material attached to it, or attach any further material to it, unless the person making the alteration or addition states on the form what information or material has been altered or attached, why, and by whom. 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 7 years.

I certify that I have assisted in the completion of this form and any additional forms at the request of the applicant **and** that the applicant understood the content of the form(s), **including the business plan**, and agreed that the information provided is correct before signing the declaration. I have assisted the applicant as a:

lawyer ☐ agent, consultant or representative ☐ translator ☐ friend or family member ☐ other advisor ☐
Please specify:

Signature of person assisting:

<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year

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**

CHECKLIST – PLEASE COMPLETE

Please ensure you enclose the correct documents with your **Application for Long Term Business Visa and Permit** according to the table below. If you fail to provide any of these documents, your application may be returned.

If you Make sure you provide	Are a first time LTBV applicant ("interim")	Have held a work visa/permit under LTBV policy for less than 3 years & are applying for a further work visa/permit ("balance")	Are applying for consent to change your business plan ("consent to a change")	Have held a work visa/permit under LTBV policy for 3 years & are applying for a further work visa/permit ("renewal")
Signed application form	X	X	X	X
Passport(s) or certificate(s) of identity	X	X		X
Two passport sized photographs	X	X		X
Application fee	X			X
Evidence of your relationship to your partner and any dependant children that are listed on your form and will be accompanying you	X	Please provide if you have not provided this evidence before		Please provide if you have not provided this evidence before
Evidence that you meet English language requirements	X	Please provide if you have not provided this evidence before		Please provide if you have not provided this evidence before
Completed Medical and X-ray Certificate(s)	X	Please provide if you have not provided this evidence before		X
Police certificate(s)	X			X
Business plan & supporting documents	X		X	X

Privacy Act

The information about you and your family on this form is being collected so that your eligibility for a Long Term Business Visa or Permit can be properly determined 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 the New Zealand Immigration Service of the Department of Labour but it may also be shared with other government agencies (including overseas agencies) for the purpose of making decisions about your application, or where they are entitled to this information under applicable legislation.

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 for a long term business visa or permit is likely to be declined.

You have the right to see the information about you held by the New Zealand Immigration Service and to ask for any of it to be corrected. The address of the New Zealand Immigration Service is PO Box 3705 Wellington. This is not where your application should be sent.

Collection 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.

Fee Payment Details

I am paying (amount) Currency Application number

Preferred methods of payment

☐ Bank Cheque/Bank Draft ☐ *EFTPOS ☐ Credit card or SWITCH

Note the EFTPOS option is not available if lodging application by mail.

SWITCH card issue number (in UK only)

Credit card (specify type) Mastercard ☐ Visa ☐

Name of Cardholder

Card number

Expiry Date

C.V.C. Number

Signature of cardholder

day month year

The following methods of payment can be used but are not recommended for the noted reasons

☐ Personal Cheque Your application will be held for 10 working days to ensure the cheque has cleared before it will be processed

☐ Cash **Cash should not be sent through the mail for security reasons**

Note:

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

