

Application to Work in New Zealand

(to travel to New Zealand or to be in New Zealand temporarily to work)

Application No.

For INZ Use Only

This form may be used to apply for a visa or permit, or both.

- ☐ I am applying for a **work visa**. Mark this box if you want to travel to New Zealand to work **or** if you already have a work permit and want to leave New Zealand and return to continue working.
- ☐ I am applying for a **work permit**. Mark this box if you are in New Zealand and want to work here temporarily **or** if you already have a work permit and want a further work permit.
- ☐ I am applying for a **work permit** and a **work visa**. Mark this box if you are in New Zealand and want to work here temporarily **and** you also want to be able to leave New Zealand while your work permit is current and return to continue working.

What Work Visa and Permit policy are you applying under?

Work to Residence ☐ General Work ☐ Family ☐ Other (please specify)

Please note: 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.

IMPORTANT INFORMATION ABOUT THIS FORM

- **DO NOT use this form if you wish to apply for work under either:**
 - A Working Holiday Scheme – please use the form **Application for a New Zealand Working Holiday** (NZIS 1085) or you may be able to apply online. For further details please refer to our website **www.immigration.govt.nz** or enquire at the nearest Immigration New Zealand (INZ) branch; or
 - Business policy for a long-term business visa or permit – please use the form **Application for a Long Term Business Visa and Permit** (NZIS 1058).
- Please ensure you have read the **Guide for Working in New Zealand** (NZIS 1016) before completing this form and please read ALL information carefully to ensure you are using the correct form.
- **Your partner or accompanying family members cannot be included in this application form. They must submit SEPARATE applications for the type of permit they require.**
- To enable your application to be accepted you **MUST** submit **ALL** of the documents that apply to you that are outlined below. **If you do not do so your application will be returned to you.**
- If you have a job offer you must submit a copy of it with your application.
- When filling in this form, please print clearly using CAPITAL LETTERS.

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 read the note under Section 4 about original documents.

All documents must be in English or translated

Applicant
to tick

1. General Requirements

You must include the following **ORIGINAL** documents:

- ☐ a. A completed, signed application form.
- ☐ b. 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. Your passport or travel document (which must be valid for at least 3 months past the date you plan to leave New Zealand).
- ☐ d. A recent passport size photograph attached to this form at the section indicated.

Office
use only

☐
☐
☐
☐

2. Health Requirements

- ☐ a. People who intend to be in New Zealand for more than six months who are from a country, area or territory not listed as a low incidence tuberculosis (TB) country, area or territory who have spent more than a total of three months in the past five years in a country, area or territory not listed as a low incidence TB country, area or territory must complete a **Temporary Entry X-ray Certificate** (NZIS 1096).
- ☐ b. People who intend to be in New Zealand for more than 12 months must complete a **Medical and Chest X-ray Certificate** (NZIS 1007).

Despite a. and b. 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.

3. Character Requirements

If you intend to be in New Zealand for two years or longer and you are aged 17 or over you must submit a Police Certificate from your country of citizenship and any country in which you have lived for five years or more since attaining the age of 17 years (or satisfactory evidence that you have never lived in that country).

- ☐ • I have attached police certificates
or
- ☐ • I am not required to submit police certificates

4. Category Specific Requirements

You must include the documentation listed in the particular work permit category under which you are applying – refer to the **Guide for Working in New Zealand** (NZIS 1016).

Please do NOT submit ORIGINALS of documents in THIS section as the 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 time.

Work to Residence Policy – (Section B of this form)

- ☐ You must supply the documentation applicable stated in questions B1 to B4 (Also refer to the **Guide for Working in New Zealand** (NZIS 1016)).

General Work Policy – (Section C1 of this form)

- ☐ a. A completed **Supplementary Employer Form** (NZIS 1113) from your employer.
- ☐ b. Evidence of registration if this is required to undertake employment in the position you have been offered.
- ☐ c. Evidence that you are suitably qualified by training and experience to do the job you have been offered.

General Work Policy/Other Categories/Specific Purpose or Event/Student and Trainees/Study to Work – (Section C2 of this form)

Please provide the evidence specified in the **Guide for Working in New Zealand** (NZIS 1016).

Family Work Policy – (Section D of this form)

Partners of New Zealand citizens or residents

- ☐ a. Evidence that you and your partner meet the minimum requirements for the recognition of a partnership set out in **Guide for Working in New Zealand** (NZIS 1016).
- ☐ b. Evidence that you are living together in a genuine and stable relationship.
- ☐ c. Evidence that your partner is a New Zealand citizen or permanent resident.
- ☐ d. Evidence that your partner intends to be in New Zealand for the same period of time you have applied for in this application.

- ☐ e. A letter of support from your partner.

Partners of Work Visa/Permit holders

- ☐ a. Evidence of your partner's work visa or permit or eligibility to obtain a work visa or permit.
- ☐ b. Evidence that you are living together in a genuine and stable relationship.
- ☐ c. Evidence that you and your partner meet the minimum requirements for the recognition of a partnership set out in **Guide for Working in New Zealand** (NZIS 1016).
- ☐ d. Evidence that your partner intends to be in New Zealand for the same period of time you have applied for in this application.

Partners of Student Visa and/or Permit holders (including partners of NZAID supported Student Permit holders)

- ☐ a. Evidence that you are living together in a genuine and stable relationship.
- ☐ b. Evidence that you and your partner meet the minimum required for the recognition of a partnership set out in **Guide for Working in New Zealand** (NZIS 1016).
- ☐ c. Evidence that your partner intends to be in New Zealand for the same period of time you have applied for in this application.
- ☐ d. Letter of support from your partner.
- ☐ e. Evidence of your partner's Student Permit to study towards qualifications in areas of absolute skill shortage as specified in the Long Term Skill Shortage List or towards postgraduate qualifications (unless you are a partner of NZAID supported student, see f-j).

If you are the partner of NZAID supported Student Permit holder you are not required to provide evidence of e. above but must provide the following:

- ☐ f. Evidence of an offer of employment.
- ☐ g. Letter of approval from NZAID.
- ☐ h. A completed **Employer Supplementary Form** (NZIS 1113) from your employer.
- ☐ i. Evidence of registration if this is required to undertake employment in the position you have been offered.
- ☐ j. Evidence that you are suitably qualified by training and experience to do the job you have been offered.
- ☐ If you fall into any other category please tick this box and submit evidence with your application of the specific purpose for which you need a work permit.

5. Eligibility

If you are the holder of a visitor permit that was granted for the purpose of being a guardian to a foreign fee-paying student, then you are not eligible for a work permit under *General Work* or *Specific Purpose* or *Event* policies and your application will be declined. Please tick the relevant box:

- ☐ • I am the holder of a visitor permit granted for the purposes of being a guardian to a foreign fee-paying student.
- or
- ☐ • I am not the holder of a visitor permit granted for the purposes of being a guardian to a foreign fee paying student.

6. Work Exchanges

If you are taking part in a work exchange you must provide:

- ☐ Evidence of acceptance to an approved work exchange scheme from the scheme organiser.

Section A Personal Details

Principal applicant

Client number:

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:
Expiry Date:
day month year

A9 Your citizenship

A10 Other citizenships currently held

A11 Partnership status ☐ Married ☐ Never married ☐ Partner ☐ Separated
☐ Engaged ☐ Widowed ☐ Divorced ☐ Civil Union
☐ Never in a Civil Union ☐ Dissolved Civil Union

A12 Are you applying for a visa/permit on the basis of a partnership? Yes ☐ No ☐

If No, please go to A13.

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 this application and any application for residence under Partnership policy within 12 months? Yes ☐ No ☐

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

Attach one recent passport size photograph of yourself here. Write your name on the back.

Additional information

A13

I may be contacted at this New Zealand residential address and telephone number:

	Telephone

A14

Name and address of any friends, relatives or contacts I have in New Zealand are:

Name	Relationship
Address	
Name	Relationship
Address	
Name	Relationship
Address	

A15

Name and address for correspondence about this application:

	Phone - day:
	Phone - night:
	Fax:
	Email:

A16

If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf?

Yes ☐ No ☐

A17

You can check the progress of your application online by registering for our online enquiry system. By ticking this option you will also be advised by email when your application has been decided. **(Please note: this facility is only available for applications lodged at an INZ branch office listed in the "More Information and Advice" section of this form.)**

☐ Please email me instructions to register to check my application online.

Please note: If you elect an agent to act on your behalf in question A16 your agent will be sent instructions for online enquiry.

Agent client reference for online enquiry

Use unique reference for each client (up to 10 characters: no more than 3 letters permitted, e.g. A123, B1234B, or 1234C567CC are acceptable. Don't use punctuation marks or symbols). This code will appear in any email notifications to an agent acting on behalf of an applicant.

A18

My residential address in my home country is:

A19

List all periods of employment, including self-employment.

Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Name of employer	Location	Type of work/ occupation/ job title
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

A20

I am currently employed by and my main occupation is:
(Please give name and address of employer. If not employed, please state this.)

Employer name:	Telephone:	Fax:
Employer address:	Email:	
Main Occupation:		

Your main occupation is the job you spent most hours doing in the last 12 months. If you have not worked in the last 12 months, please state your previous occupation. If you have not worked in the last 5 years or more, please state "Not applicable".

A21

I have the following qualifications:
(Please give details of all qualification(s) below. If you have no qualifications please state this.)

Name of qualification	Date obtained	Institution where gained
	/ /	
	/ /	
	/ /	

A22

My stay in New Zealand will be financially supported in the following way:

A23

The arrangement I have made for my outward travel from New Zealand is:

Application Details

A24

If applying for a **work visa**:
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:

day	month	year

☐ I would like a **single** journey work visa

☐ I would like a **multiple** journey work visa

A25

If applying for a **work permit**:
This is the date I will be leaving New Zealand:

day	month	year

This is the date I request my **work permit** to be current to:

day	month	year

A26

Do you have a job offer in New Zealand?

Yes ☐ No ☐

If **Yes**, please provide the information requested below.

Employer name:	Telephone:	Fax:
Employer address:	Email:	
Name of position offered:		

A27

Do you have qualifications relevant to your job offer?

Yes ☐ No ☐

If **Yes**, please attach evidence.

A28

Do you have work experience relevant to your job offer?

Yes ☐ No ☐

If **Yes**, please attach evidence.

Note: If registration with a professional body is required for this job, please provide this also.

If you are applying under **Work to Residence** policy go to **Section B**.

If you are applying under **General Work** policy go to **Section C**.

If you are applying under **Family** policy go to **Section D**.

You must provide **all** information requested for the relevant policy you are applying under.

If you are not applying under one of these three policies go to **Section E**.

Section B

Work to Residence Policy Requirements

B1

Talent (Accredited Employers) Work Policy

Please mark the box to confirm you have supplied the following items:

- Offer of full time employment in New Zealand for a period of at least 24 months from an Accredited Employer for a position with a salary of NZ\$45,000 or more *(the salary amount may be waived if you provide evidence to show you have exceptional talent in a field of art, culture or sport)* ☐
- Evidence you are aged 55 years or under ☐
- Evidence you have met or are able to meet any New Zealand registration requirements necessary to take up your offer of employment. *(If you do not have to meet any registration requirements state "N/A".)* ☐

OR

B2

Talent (Arts, Culture and Sports) Work Policy

a) Please briefly describe the particular field of art, culture or sport you consider you have exceptional talent in *(this will be treated as your 'declared field' for the purposes of this policy).*

b) Please mark the box to confirm you have supplied the following items:

A fully completed and signed **Talent (Arts, Culture and Sports) Sponsorship Form** (NZIS 1091) ☐

Evidence that you have exceptional talent in the field of art, culture or sport you have described in B2 a) above. This must include:

- Evidence of your international reputation and record of excellence in your declared field, and
- Evidence that you are still prominent in your declared field, and
- Any additional evidence to show that your presence in New Zealand will enhance the quality of New Zealand's accomplishments and participation in your declared field. ☐

Evidence you are aged 55 years or under. ☐

OR

B3

Long Term Skill Shortage List formerly Priority Occupations List (POL) Work Policy

Please mark the box to confirm you have supplied the following items:

- A completed **Employer Supplementary Form** (NZIS 1113) that confirms that you have an offer of full time employment in New Zealand for a period of at least 24 months in an occupation currently included on the Long Term Skill Shortage List formerly Priority Occupations List (POL) that meets the specifications for that occupation. ☐
- Evidence you have met or are able to meet any New Zealand registration requirements necessary to take up your offer of employment. *(If you do not have to meet any registration requirements state "N/A".)* ☐

Note: All applicants under the three Work to Residence policies above **must** include evidence of their health and character (see sections E and F of this form).

If you have completed the questions relevant to your application in **Section B** or have been invited to apply under the **Job Search Policy for General Skills Category Residence Applicants** please go to **Section E**.

B4

How many people do you intend to include on your residence application?

Section C

General Work Policy Requirements

C1

Please supply the following:

- A completed **Employer Supplementary Form** (NZIS 1113)
- Evidence of Registration if this is required to undertake employment in the position you have been offered;
- Evidence that you are suitably qualified by training or experience to do the job you have been offered.

Note: People applying for a Graduate Job Search Work Permit are exempt from the requirements at C1.

C2

General Work Policy - Other Categories - Specific Purpose or Event - Student and Trainees - Study to Work

You need to supply evidence to show you meet the specific requirements for the policy relevant to your application. For details on specific requirements see our **Guide for Working in New Zealand** (NZIS 1016).

Section D Family Work Policy Requirements

D1

Partners of a New Zealand citizen/resident

Please supply the following:

- evidence that you and your partner are living together in a genuine and stable relationship. Refer to **Guide for Working in New Zealand** (NZIS 1016) for examples.
- evidence of your partner's New Zealand citizenship or residence status in New Zealand
- a letter from your partner supporting this application
- evidence you and your partner:
 - * meet the minimum requirements for the recognition of a partnership
 - * are both aged 18 years or older (or evidence of parental/guardian/other support if aged 16 or 17 years)
 - * have met prior to this application being made
 - * are not close relatives
- evidence of the duration of your partnership.

D2

Partners of persons holding a work permit current for more than six months

Please supply the following:

- evidence that you and your partner are living together in a genuine and stable relationship. Refer to **Guide for Working in New Zealand** (NZIS 1016) for examples.
- evidence you and your partner are intending to live in New Zealand for the same period of time e.g. evidence of intended travel to New Zealand if you are both overseas
- evidence of your partner's work visa or work permit or eligibility to obtain a work visa or work permit e.g. a letter from INZ giving approval in principle to the issue of a work visa or grant of a work permit.

D3

Partners of Student Visa and/or Permit holders

Please supply the following:

- evidence that you are living together in a genuine and stable relationship (refer to **Guide for Working in New Zealand** (NZIS 1016) for examples)
- evidence that you and your partner meet the minimum required for the recognition of a partnership (refer to **Guide for Working in New Zealand** (NZIS 1016) for examples)
- evidence that your partner intends to be in New Zealand for the same period of time
- letter of support from your partner
- evidence of your partner's Student Visa and/or Permit to study towards qualifications in areas of absolute skill shortage as specified in the Long Term Skill Shortage List or towards postgraduate qualifications (not required for partner of a holder of a NZAID supported Student Permit).

If you are a partner of a holder of a NZAID supported Student Permit please supply the following additional documentation.

- evidence of an offer of employment
- letter of approval from NZAID
- completed **Employer Supplementary Form** (NZIS 1113) from your employer.
- evidence of registration if this is required to undertake employment in the position you have been offered.
- evidence that you are suitable qualified by training and experience to do the job you have been offered.

Section E Additional Details

Only complete this section if you are aged 17 years or over.

E1

Do you have a National ID number, or other unique identifier that was issued to you by any government?

Yes ☐ No ☐

If Yes, please list here:

E2

Have you undertaken military service in any country?

Yes ☐ No ☐

If Yes, please provide a brief chronological account of your military service. Include dates of your military service, your position/rank, unit(s) that you served in, and your role within the unit(s). Please also list any military ID number(s) assigned to you.

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

Military ID number(s):

E3

Are you presently subject to military service obligations in any country?

Yes ☐ No ☐

If No, and you are a citizen of a country in which compulsory military service exists, state below why you are exempt from military service.

E4 Have you been associated with any intelligence agency or group, or law enforcement agency?

Yes ☐ No ☐

If Yes, please specify:

E5 Have you 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:

E6 Have you 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:

Section F Character Details

F1 Have you been:

- convicted
- charged
- under investigation

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

for any offence(s) against the law in any country; or

- deported
- excluded (refused entry)
- removed

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

from any country?

If you have marked **Yes** to any of the above, please provide details below:

- F2** Are you aged 17 years or older and intending to work in New Zealand for 2 years or longer? Yes ☐ (go to question F3)
No ☐ (go to Section G)
- F3** Have you submitted police certificates with another INZ application in the past 24 months? Yes ☐ (go to question F4)
No ☐ (go to question F5)

F4 Please provide details of the type of application made and the date the application was lodged

Type of application: Date of application:
day month year

We will advise you if we need you to submit updated police certificates at a later date.

- F5** Have you attached police certificates from:
- all countries in which you have lived for 5 years or more since attaining the age of 17 years? Yes ☐ No ☐
 - your country(ies) of citizenship? Yes ☐ No ☐

If No, please state any country(ies) of which you are a citizen but for which you have not provided police certificates because you have never lived there.

Section G Health Details

- G1** Do you have Pulmonary Tuberculosis (TB)? Yes ☐ No ☐

Do you 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 care facility such as an aged-person's facility or a facility for people with a physical, sensory, intellectual or psychiatric disability.

- G2** If you have answered **Yes** to any of the above questions, please provide details below:

- G3** 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 ☐ No ☐

- G4** Are you from a country that is **not** on the list of low incidence TB countries? Yes ☐ No ☐

- G5** Have you 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 ☐ No ☐

- G6** If you have answered **Yes** to G4 or G5, please provide details below. For a list of low incidence TB countries, refer to the **Health Requirements Leaflet** (NZIS 1121).

G7 How long do you intend to work in New Zealand?

Have you submitted a medical certificate with another INZ application in the past 24 months?

Yes ☐ (go to question G8)

No ☐ (go to question G9)

G8 Please provide details of the type and date of the previous application:

Type of application:

Date of application:
day month year

We will advise you if we need you to submit further information, such as tests, reports or a new certificate at a later date.

G9 Have you attached a completed **Temporary Entry Chest X-ray Certificate** (NZIS 1096)? Yes ☐ No ☐
OR

G10 Have you attached a completed **Medical and Chest X-ray Certificate** (NZIS 1007)? Yes ☐ No ☐

G11 Are you pregnant? 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.

Section H Declaration

I understand the questions and contents of this form, and the information I have provided is true and correct.

I understand that if, between the time that I make this application and the time it is decided, or between the time I am issued with a visa and the time I travel to New Zealand, any relevant matter relating to the application changes, I am obliged to inform INZ.

I understand I am responsible for making sure I leave New Zealand before my permit expires and that if I do not I may face removal action.

Residents and people holding work permits for a stay of two years or more (and their dependent children) are eligible for publicly funded health and disability services. Other work permit holders, students, and visitor permit holders generally are not eligible. People covered by New Zealand's Reciprocal Health Agreements with Australia and the United Kingdom are entitled to publicly funded health care for immediately necessary medical treatment only. I understand that if not entitled to free treatment, I will pay for any health care or medical assistance I or any person included in my application may require in New Zealand.

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 authorise INZ to make any enquiries it considers necessary in respect of information provided on this form in order to make a decision on this application and enquiries about my subsequent immigration status. I authorise any agency which holds information (including personal information) relevant to those matters to disclose that information to INZ.

If granted a Limited Purpose Permit I understand that I am subject to immediate removal from New Zealand without appeal if I remain in New Zealand after the expiry date of that Permit.

Signature of principal applicant

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) and agreed that the information provided is correct before signing the declaration. I have assisted the applicant as a:

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

Signature of person assisting:

day month year

More Information and Advice

You can get more information and advice from:

- 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.
- New Zealand diplomatic and consular offices.

All INZ forms and leaflets, and fee information, can be downloaded from the internet 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.

Privacy Act

The information about you on this form is collected to determine your eligibility for a Work 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 INZ 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 INZ 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 see the information about you held by INZ and to ask for any of it to be corrected if you think that is necessary.

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

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.

Section J

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 Immigration's Guide to Fees*** (NZIS 1028). All current fees and specific payment instructions for offshore branches can be found on the INZ website at www.immigration.govt.nz.

