**INZ 1189** June 2024



# **Tourist/Business** Visitor Visa Application

for use by people outside New Zealand intending a short stay

#### Apply for your visa online – it's faster & easier

The fastest and easiest way to apply for a visitor visa is online. Once you have your documents prepared, it should take less than 15 minutes to complete the online application form.

To apply online, go to www.immigration.govt.nz/visit

#### Who can use this form?

To use this form, you must be:

- · outside New Zealand
- travelling to New Zealand for either tourism or business
- intending to spend less than six months in New Zealand
- financially supported by your own funds if you are travelling as a tourist, or by your employer if you are travelling for business.

If you do not meet these requirements, please use the form Visitor Visa Application (INZ 1017).

You can use this form to apply for a visa for a single applicant or for a family. A family may include a principal applicant, partner, and dependent children under 20.

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

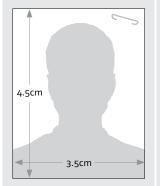
# Section A Principal applicant's personal details

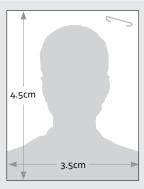
# All principal applicants must complete this section.

Attach two passport-size photographs of yourself here. The photographs must be less than six months old. Write your full name on the back of both photographs.

Name as shown in passport Family/last name

Given/first name





Other names you are known by or have ever been known by (if any)
--

A3 Gender Male Female

A5 Preferred title Mr Mrs Ms Miss Dr other (specify) 

Town/city of birth Country of birth

Passport details

D D D M M D Y Y Y Y Y Y Country Number

Partnership status:  Married Partner/De facto Engage	ged Never married Separated/Divorced Widowed	
Do you have a national identity number, or other unique identifier that was issued to you by any government.  Yes National identity number/unique identifier		
□No		
ection B Contact details		
principal applicants must complete this se	ection.	
We prefer to contact you using email. Please provide	your email address if you have one.	
Your residential address in the country you reside in.		
Address		
	Province/region	
Telephone (mobile)	Telephone (other)	
Email		
☐ Same as address at 🖪 , or ☐ as below Family	N Given	
Company name (if applicable) and address	,	
New Zealand Business Number (if applicable	) For help search: www.nzbn.govt.nz  Telephone (other)	
	relephone (other)	
Do you authorise the person stated at <sup>B2</sup> to act on your behalf?		
Have you received immigration advice on t		
	ww.immigration.govt.nz/advice. Please note immigration advice does not include	
assisting the applicant by acting as a translator or by	y recording information on this form.	
	viser completes Section I: Immigration adviser's details	
∐ No		
	ives, or contacts you have in New Zealand (if applicable)	
Name		
Address		
Relationship $\square$ Friend $\square$ Family mem	ber Other (please specify)	

	Name						
	Address						
	Relationship  Friend  Tamily member  Other (please specify)						
В6	List your current current position.	st your current and previous two employers, including periods of self-employment. Start with the urrent position.					
	Date from (DD/MM/YY)	Date to (DD/MM/YY)	Name of employer		Location (city and country)	Occupation/Job title	
	/ /	Present					
	/ /	/ /					
	/ /	/ /					
	New Zealand Bus (for New Zealand b	siness Number of obusinesses only)	current employer		For	help search: www.nzbn.govt.nz	
Se	ction C Visa	type					
All p	rincipal applicar	nts must complete	e this section.				
C1	Date you will arr	ive in New Zealand		Date	you will depart New Zea	and DIDIEMIMICALATE	
C2	What is the purp	oose of your visit to	o New Zealand?	Tourism	n 🗌 Business* 🔲 Vis	siting family/friends	
		lling for business, confirm the purpo	=	er from y	your employer and/or the	e relevant company in	
Se	ction D Part	ner's personal	details				
vith	their partner's	personal details, v		artner	ngaged' at $^{\boxed{A8}}$ must com is included in this application.		
iere	. The photographs		otographs of your part six months old. Write y notographs.				
D1	Partner's name a	as shown in passpo	ort				
	Family/last name	2		ı	4.5cm	4.5cm	
	Given/first name	2			3.5cm	3.5cm	
D2	Other names you known by (if any	-	n by or has ever been		T	,	
				D3	Partner's gender 🗌 Ma	le 🗌 Female	
D4	Partner's date of	birth DIDIIMIMI	Y I Y I Y I Y				
D5	Partner's preferre	ed title Mr 🗌 Mr	s Ms Miss	Dr	other (specify)		
D6	Town/city of birt	th		Count	ry of birth		

<b>D</b> 7	Partner's passport details				
	Number Expiry date DIDJEMINJENIA Country				
D8	Is your partner included in this application?				
D9	Does your partner have a national identity number, or other unique identifier that was issued by any governmen				
	Yes Partner's national identity number/unique identifier				
	□No				
De	ependent children's personal details				
to in	must complete this section with the details of each dependent child included in this application. If you wish nclude more than two children in your visa application, please print an extra copy of this page and attach it to form.				
Dep	pendent child one				
The	ch two recent passport-size photographs of the child here. photographs must be less than six months old. Write the I's full name on the back of both photographs.				
E1	Child's name as shown in passport				
	Family/last name				
	Given/first name				
	3.5cm 3.5cm				
E2	Child's gender				
<b>E4</b>	Child's passport details				
	Number Expiry date DIDJEMINJEYIY				
	Country				
<b>E</b> 5	Town/city of child's birth				
	Country of child's birth				
Den	pendent child two				
-	ch two recent passport-size photographs of the child here.				
The	photographs must be less than six months old. Write the l's full name on the back of both photographs.				
<b>E6</b>	Child's name as shown in passport				
	Family/last name				
	Given/first name				
E7	Child's gender				

E9	Child's passport details				
	Number Expiry date DDDMMMJYYYYY				
	Country				
E10	Town/city of child's birth				
	Country of child's birth				
Se	ction F Health				
All p	orincipal applicants must complete this section.				
Fl	Do you or any person included in this application have tuberculosis (TB)? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
F2	one of the following during your stay in New Zealand?				
• Renal dialysis					
	• Hospital care				
	• Residential care				
	Residential care is defined as in-patient care for people with psychiatric, sensory or intellectual disabilities or live-in facilities for the aged.				
F3	Are you or any person included in this application pregnant? $\ \ \Box$ Yes $\ \ \Box$ No				
F4	If you have answered Yes to any of the questions in 🖪 to 🖪, please provide details.				
Se	ction G Character				
All a	pplicants must complete this section.				
	: if your application is declined for character reasons, Immigration New Zealand may place a notation in your passport indicating that you ed for a visa for New Zealand.				
G1	Have you, or anyone included in this application, been convicted at any time of any offence, including any driving offence? Please note that this includes any conviction(s) outside of New Zealand subsequently cleared or wiped by 'clean slate' legislation.  Yes No				
G2	Are you, or is anyone included in this application, currently:				
	• under investigation				
	• wanted for questioning				
	• facing charges				
	for any offence in any country?				

G3	Have you, or has anyone included in this application, ever been:				
	• excluded	☐ Yes ☐ No			
	• refused entry	☐ Yes ☐ No			
	<ul> <li>removed or deported</li> </ul>	☐ Yes ☐ No			
	from any country, excluding New Zea	aland?			
G4	Have you, or has anyone included in reside in any country, excluding New	this application, ever been refused a visa/permit to visit, work, study or Zealand?			
	☐ Yes ☐ No				
G5	Have you, or has anyone included in organisation?	this application, ever been a member of, or adhered to, any terrorist			
	☐ Yes ☐ No				
G6		this application, had (or currently have) an association with, membership nent, regime, group or agency that has advocated or committed war crimes, er gross human rights abuses?			
	☐ Yes ☐ No				
		ne questions above give full details. This includes full details of any charges, alty imposed. Continue on a separate piece of paper if necessary.			
Se	ection H English Language Tra	anslations			
		d acceptable evidence of funds, see 'Completing Section I: English language			
	islations' in the <i>Visitor Visa Guide</i> .	acceptable evidence of funds, see completing Section 1. English language			
	have provided English language trans	slations for all supporting documents not already in English.			
Se	ection I Declaration by applic	ant			

#### All of the people included in this application must complete this section.

I have provided true and correct answers to the questions in this form.

I understand that if false or misleading information is submitted, my application may be declined without further warning.

I will inform Immigration New Zealand of any relevant fact or change of circumstances that may (i) affect the decision on my application for a visa, or (ii) affect the decision to grant entry permission based on the visa for which I am applying.

I agree to leave New Zealand before my visa expires. If I remain in New Zealand after my visa has expired, I may be deported by Immigration New Zealand.

I understand that I am not entitled to free health care in New Zealand, and I will pay for any health care or medical assistance I may require in New Zealand.

If my partner is included in this application, we declare we are living together in a genuine and stable partnership.

I understand that if I have received immigration advice from an immigration adviser and if that immigration adviser is not licensed under the Immigration Advisers Licensing Act 2007 when they should be, Immigration New Zealand will return my application.

If I undertake a course of study while in New Zealand, I authorise Immigration New Zealand to provide information about my immigration status to my education provider, including via the online VisaView system.

I authorise Immigration New Zealand to provide information about my health and my immigration status to any health service agency. I authorise any health service agency to provide information about my health to Immigration New Zealand.

I authorise Immigration New Zealand to make any necessary enquiries about information on this form and/or accompanying documentation, so that they can:

- make a decision on this application
- answer enquiries about my immigration status once my application has been decided.

I authorise any agency whether in New Zealand or overseas, including but not limited to border or immigration agencies, education providers, financial institutions, foreign embassies, government authorities, healthcare providers, police or other law enforcement agencies, that holds information (including personal information) related to information on this application form and/or accompanying documentation to disclose that information to Immigration New Zealand.

Signature of principal applicant	Date Date				
ignature of partner Date Date					
ignature of dependent child Date Date					
ignature of dependent child Date					
Signature of parent or guardian if princip	al applicant is under 18 years of age				
	Date DIDIMIMINIANA				
Section J Immigration advise	er's details				
immigration adviser, this section doe	ne applicant's immigration adviser. If the applicant does not have an s not have to be completed. If you have assisted the applicant solely ng information on the form, you do not have to complete this section.				
Tick the <b>one</b> option that applies to	you.				
$\square$ I am a licensed immigration ad	riser under the New Zealand Immigration Advisers Licensing Act 2007. <i>Go to</i> 📴	]			
If you are unlicensed when you should be	der the New Zealand Immigration Advisers Licensing Act 2007. <i>Go to</i> 3 icensed under the Immigration Advisers Licensing Act 2007, Immigration New Zealand will return provide immigration advice without holding a licence, unless you are exempt.				
Licensed advisers. Licence type	full provisional limited List conditions specified in the register.	<u> </u>			
Licence number 2 0 1 1 1 1	Go to Section J: Declaration by person assisting the applicant.				
<b>Exempt from licensing.</b> Tick one	oox below to show why you are exempt from licensing.				
<ul><li>I provided immigration advice in or for a fee.</li></ul>	an informal or family context only, and I did not provide the advice systematically				
<ul><li>I am a New Zealand member of F employment agreement.</li></ul>	arliament or member of their staff and I provided immigration advice as part of m	ıy			
$\square$ I am a foreign diplomat or consu	ar staff.				
<ul> <li>I am an employee of the New Zealand public service and I provided immigration advice within the scope of my employment agreement.</li> </ul>					
<ul><li>I am a lawyer and I hold a curre Court of New Zealand.</li></ul>	nt practising certificate as a barrister or as a barrister and solicitor of the High	1			
lawyer is on the employing boo the community law centre in a					
	ing as a volunteer for, a New Zealand citizens advice bureau.				
Go to Section J: Declaration by person assi	iting the applicant.				

# Section K Declaration by person assisting the applicant

This section must be completed and signed by any person who has assisted the applicant by providing immigration advice, explaining, translating, or recording information on the form for the applicant. If the applicant does not have an immigration adviser, and no one helped the applicant to fill in this form, this section does not have to be completed.

If you are unlicensed when you should be licensed under the Immigration Advisers Licensing Act 2007, Immigration New Zealand will return your client's application. It is an offence to provide immigration advice without holding a licence. For more information, go to the Immigration Advisers Authority website www.iaa.govt.nz, or email info@iaa.govt.nz or write to them at PO Box 6222, Wellesley Street, Auckland 1141, New Zealand.

Name and address of person assi	sting applicant			
Same as address given at $_{\mathbb{B}^{2}}$ ,	or $\square$ as below.			
amily/last name Given/first name(s)				
Company name (if applicable) and	d address			
New Zealand Business Number (i	f applicable) L		For help search: www.nzbn	.govt.nz
Telephone (daytime)		Telephone (ev	vening)	
Fax	Email			
I understand that after the applic or change or add any documents material has been changed, adde form what they were, who made	attached to the form, w d or attached and by wh	vithout making a st nom.  If I make thes	tatement identifying what i	information or
I understand that the maximum pof up to seven years.	penalty for this offence i	is a fine of up to N	Z\$100,000 and/or a term of	f imprisonment
I certify that the applicant asked applicant agreed that the information			•	fy that the
☐ I have assisted the applicant a	ıs an interpreter/transla	tor		
☐ I have assisted the applicant v	vith recording informati	on on the form		
☐ I have assisted the applicant i	n another way. <i>Specify</i>			
I have provided immigration a     Section I: Immigration adviser		Immigration Advis	sers Licensing Act 2007) and	d my details in
Signature of person assisting			Date DIDIMIMINITY Y	Y

## Where to send your application

Go to **www.immigration.govt.nz/contactus** to check which Immigration branch will process your application.

### About the information you provide

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a visa. We may also use the information to contact you for research purposes or to advise you on immigration matters.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

The information we collect may also be used to determine whether you are allowed to board a flight to New Zealand. We will not share your personal information with airline check-in agents; however, we will send a boarding message to the airline check-in agent based on the information you have provided in this form.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You are able to ask for the information we hold about you and have any of it corrected if you think it is necessary. The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. This is not where your application should be sent.

## Application checklist

OFFICE

USE ONLY	Information and documents you must supply	LIST
	I have completed and signed the application form.	
	I have provided my application fee and levies.	
	I have attached my passport or travel document*.	
	I have attached two recent passport-size photographs.	
	I have attached my itinerary.	
	I have attached evidence of funds for support.	
	I have attached a letter from my employer regarding my purpose in New Zealand (if travelling for business).	
	I have attached English language translations for any documents not already in English.	

\*While you can provide a certified copy of your passport with your application, we highly recommend you provide your original passport. This will enable us to process your application faster and it may be needed to complete your application. Please note during the processing of an application an immigration officer may request any document, including your original passport.

## Section L

# Paying your application fee and levies

To find out how much to pay, payment methods, where to send your application, and how long a decision may take, see www.immigration.govt.nz/fees.

# Your application fee and immigration levy Amount you are paying: Amount Currency (e.g. NZD, USD, RMB) Application number (office use only) Credit/debit card details Mastercard Visa Name of cardholder Card number CVC/CVV number Note: Your CVC/CVV number is the three-digit number found on the signature strip on the back of your credit/debit card. Expiry date DIDIMIMINITY Y

Date DIDIIMIMIIYIYIYIY

Signature of cardholder

When filling in this form, please write clearly using CAPITAL LETTERS.	
Returning your documents  Please return documents to me by secure post at the address given at:  B1 B2	

