TEL: 011 391 7600 / 011 391 2648 / 011 391 6105
After Hours Emergency Number 082 695 8632
www.exclusiveglobalvisas.co.za

New Zealand Visa Application Form

Please use this form as a guideline in order for Exclusive Global Visas so complete your online application

In order to avoid delays in uploading this application, we request that you complete each question IN FULL.

On the last page of this application form, there is space for any additional information you would like to share with us.

TRAVEL AND CONTACT INFORMATION:

PURPOSE OF TRAVEL:

- ☐ **TOURIST**
- ☐ **BUSINESS**
- ☐ **CONFERENCE**
- ☐ **FAMILY VISIT/FRIENDS**

DEPARTURE DATE:

EMAIL ADDRESS:

CONTACT NUMBER:

IDENTITY DETAILS:

FIRST NAME:

MIDDLE NAME:

LAST NAME:

OTHER NAMES:

NEW ZEALAND IMMIGRATION HISTORY:

HAVE YOU PREVIOUSLY APPLIED FOR A NEW ZEALAND VISA?

YES: ☐ **PREVIOUS CLIENT NUMBER:**

NO: ☐

DO YOU HOLD AN AUSTRALIAN PERMANENT RESIDENT VISA?

YES: ☐

NO: ☐

HAVE YOU PREVIOUSLY TRAVELLED TO NEW ZEALAND?

YES: ☐ WHEN DID YOU LAST LEAVE NEW ZEALAND?

(MM/YYYY)

NO: ☐

WILL YOUR TOTAL TIME IN NEW ZEALAND FOR ALL VISITYS INCLUDING THIS PROPOSED VISIT EQUIAL 24 MONTHS OR MORE?

YES: ☐ **(If yes, a Police certificate is required for submission)**

NO: ☐

PASSPORT DETAILS:

PASSPORT NUMBER: ISSUE DATE:

NATIONALITY: EXPIRY DATE:

GENDER: ☐ MALE ☐ FEMALE DATE OF BIRTH:

COUNTRY OF BIRTH:

PROVINCE OF BIRTH:

CITY OF BIRTH: IDENTITY NUMBER:

DO YOU HOLD ANY OTHER CITIZENSHIPS?

YES: ☐ IF YES, COUNTRY OF CITIZENSHIP:

NO: ☐

DO YOU HOLD A PASSPORT IN THIS CITIZENSHIP?

YES: ☐ PASSPORT NUMBER:

NO: ☐

ISSUE DATE:

EXPIRY DATE:

PHYSICAL LOCATION:

HOME ADDRESS:

POSTAL CODE:

VISIT DETAILS:

DATE OF ARRIVAL:

DATE OF DEPARTURE:

FULL ADDRESS OF ACCOMMODATION

COSTS OF THE TRIP COVERED BY:

- ☐ THE APPLICANT THEMSELVES
- ☐ BY A SPONSOR

CURRENT EMPLOYMENT:

START DATE: (DD/MM/YYYY)

ROLE OR JOB TITLE:

NAME OF EMPLOYER:

EMPLOYERS ADDRESS:

POSTAL CODE:

EMAIL ADDRESS:

IF RETIRED, PLEASE GIVE DETAILS OF LAST PAID WORK

START DATE:

END DATE:

ROLE OR JOB TITLE:

NAME OF EMPLOYER:

EMPLOYERS ADDRESS:

POSTAL CODE:

EMAIL ADDRESS:

RELATIONSHIPS:

WHAT IS YOUR PARTNERSHIP STATUS:

- MARRIED ☐
- SEPERATED ☐
- DIVORCED ☐
- WIDOWED ☐
- SINGLE ☐

PARTNERS INFORMATION

FIRST NAME: MIDDLE NAME:

LAST NAME: OTHER NAMES:

NATIONALITY: DATE OF BIRTH:

COUNTRY OF BIRTH:

PROVINCE OF BIRTH:

CITY OF BIRTH: PASSPORT NUMBER: (if applicable)

OCCUPATION:

NEW ZEALAND CONTACTS:

FIRST NAME: MIDDLE NAME:

LAST NAME: OTHER NAMES:

RELATIONSHIP TO YOU:

DATE OF BIRTH:

CONTACTS ADDRESS:

POSTAL CODE:

EMAIL ADDRESS:

CONTACT NUMBER: +64

FOR BUSINESS TRAVEL:

WHAT IS THE PURPOSE OF YOUR TRIP TO NEW ZEALAND:

MEETINGS ☐
CONFERENCE ☐
TRAINING ☐

NAME OF INVITING COMPANY:

CONTACT PERSON NAME:

CONTACT PERSON SURNAME:

EMAIL ADDRESS:

CONTACT NUMBER: +64

ADDRESS:

POSTAL CODE:

CHARACTER DETAILS:

HAVE YOU EVER BEEN CONVICTED AT ANY TIME OF OFFENCE, INCLUDING ANY DRIVING OFFENCE?

YES: ☐
NO: ☐

IF YES, WHAT WAS THE OFFENCE?

DATE OF CONVICTION:

ARE YOU CURRENTLY UNDER INVESTIGATION, WANTED FOR QUESTIONING, OR FACING ANY OFFENCE IN ANY COUNTRY INCLUDING NEW ZEALAND?

YES: ☐
NO: ☐

POVIDE DETAILS:

HAVE YOU EVER BEEN EXPELLED, DEPORTED, EXCLUDED, REMOVED FROM OR REFUSED ENTRY TO ANY COUNTRY?

YES: ☐
NO: ☐

POVIDE DETAILS:

HAVE YOU EVER BEEN REFUSED A VISA OR PERMIT BY ANY COUNTRY EXCLUDING NEW ZEALAND?

YES: ☐
NO: ☐

POVIDE DETAILS:

HEALTH

DO YOU HAVE TUBERCULOSIS?

YES: ☐
NO: ☐

POVIDE DETAILS:

DO YOU HAVE ANY MEDICAL CONDITION THAT REQUIRES, OR MAY REQUIRE, ONE OR MORE OF THE FOLLOWING DURING YOUR STAY IN NEW ZEALAND?

RENAL DIALYSIS ☐
HOSPITAL CARE ☐
RESIDENTIAL CARE ☐

POVIDE DETAILS:

ARE YOU PREGNANT?

YES: ☐
NO: ☐

DO YOU INTEND TO GIVE BIRTH IN NEW ZEALAND?

YES: ☐
NO: ☐

DUE DATE:

ADDITIONAL INFORMATION

SIGNATURE/
E-SIGNATURE