

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 there is space for any additional information you would like to share with us.

First name			
Middle names			
Surname (s)			
Maiden Surname			
Purpose of Trip			
Have you previously ap	plied for a New ?	Zealand Visa?	
Yes		No	
Previous Client Number	er		
Have you ever travelle	d to New Zealand	<del>!</del> ?	
Yes		No	
When did you last leav	e New Zealand?	(mm/yyyy)	
Passport Number		Nationality	
Issue Date		Expiry Date	
Male		Female	
Date of Birth	Т	own of Birth	



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Province of Birth				
Country of Birth				
ID Number		_		
Current Residentia	l Address			
Contact Number				
_				
Are you able to fin travel?	ancially suppo	rt yourself duri	ng your stay –	Including onward
Yes	;		No	
Do you have pre-p	aid accommod	lation?		
Yes	;		No	
Full Address of Acc	commodation			
Date you plan to a	rrive in New Ze	ealand		
Date you plan to le	eave New Zeala	and		
Have you ever bee Zealand?	n refused a vis	a or permit by	any country ex	cluding New
Yes	;		No	



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Are you currently employed?

Yes No
Start date (yyyy/mm/dd)
Role or Job Title
Country of Work
Province of Work
Name of organisation or Employer
Head office address of Employer
Employer Contact Number
Employer email address
Applicant's Status
Married Divorced Single Widowed
Partners names
Partners first name
Partners surname
Partners SEX Male Female
Partners country of birth
Town of Birth
Nationality
Occupation



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Does your partner hold a valid passport?				
	Yes		No	
Passport Numbe	r			
Is your partner included in this application?				
	Yes		No	
Do you have any contacts in New Zealand?				
	Yes		No	
Contact's first na	me			
Contact's middle	names			
Contact's Surnan	ne			
Contact's relationship to you –				
	Family		Friend	
Contact's date of	birth			
Email Address				
Contact number	starting with +	-64		
Full Residential a	address			
This is regarde	d as my digit	al signature		

**End of Application** 



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# Please remember

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Additional Information