APPLICATION FOR A NEW ZEALAND WORKING HOLIDAY SCHEME WORK VISA



New Zealand Immigration Service Te Ratonga Manene

			Office Referen	ce:
Name of Scheme:				
Personal deta	ils			
Name as shown in passport:				
Family:	Given:			
Gender: Male Fe	emale			Please attach a recent passport-sized photograph
Date of birth:	nth year			Friendigraphi
Other names known by:				
Place and country of birth:	Place:		Country:	
My citizenship:				
Passport details: Number:	Соц	untry:		Expires on: day month year
Name and address of any relat	ives, friends or contacts I have in	n New Zealand	d:	uay monun year
Name		Address		Relationship
My postal address and contact	details for this application are:			
		Те	elephone:	
Email:			ax:	
The date I wish to travel to Nev	/ Zealand is (approximately):	day month	year	
The date I plan to depart New 2	Zealand is (approximately):	day month	year	
The arrangement I have made	for outward travel from New Zea	aland is:		

Character and Declaration Details:

I have been

I have **not** been

- convicted/charged/under investigation for any offence(s) against the law in any country: or
- deported/excluded (refused entry)/removed from any country.

I have marked the above statement "I have been". The reason is:

I declare that I have not previously been issued a work visa under this New Zealand Working Holiday Scheme.

I have read the information material supplied with this application form. I understand that if I am issued a Work Visa under this Working Holiday Scheme I must be able to show on arrival in New Zealand a return airline ticket or sufficient funds to purchase one; a minimum of the equivalent of NZ\$4200 for my living expenses (in the form of cash, travellers cheques, a bank draft from my bank, or a recent New Zealand bank statement); and (if this is a condition of the scheme I am applying under) evidence that I hold adequate medical/hospitalisation insurance cover for the time I will spend in New Zealand under the scheme.

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 the NZIS.

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.

I authorise 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 authorise NZIS 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 NZIS.

Signature of applicant

day month year

Matters Required by the Privacy Act

The information about you on this form is collected to determine your eligibility for a work visa. 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 which are entitled to this information under applicable legislation, or with other agencies in accordance with an authority in the form.

The address of the New Zealand Immigration Service 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 access the information about you held by the New Zealand Immigration Service and to ask for any of it to be corrected if you think that is necessary.

Payment Details

I enclose cash for the required amount.

I enclose a cheque for the required amount.

Please charge to my Visa/Mastercard; details as follows:

Note: For credit card or personal cheque payments outside New Zealand please check with your nearest diplomatic or consular office.

Card type	Expiry date	Card number	Name of card holder			
Signature				day	month	year