

Confirmation from Accredited Employers that an AEWV holder has left their employment



Complete this form if a worker who held a visa to work for your business has left your employment more than a month before the expiry of their visa.

Employer information:

New Zealand Business Number (NZBN): Accreditation approval date*: /..... /.....

Organisation Name:

Trading Name:

**The accreditation approval date refers to the date of your most recently approved accreditation application (including any applications to upgrade your accreditation from standard to high volume e.g.). To comply with accreditation standards, you only have to complete this form if your most recent accreditation application was approved on or after 07 April 2024.*

Employee information:

Full Name: Date of Birth: /..... /.....

INZ Client Number (if known): Passport Number (if known):

Last known contact number (Optional):

Last known email address (Optional):

Last known address (Optional) and date updated (Optional):

.....

.....

Start date of employment (if the employee never presented for work, please enter N/A): /..... /.....

Date of termination of employment: /..... /..... Further information (Optional)*:

.....

.....

.....

**Further information may include (but is not limited to) other identifying information or information about your former employee's compliance with their employment related visa conditions.*

Signature:

Authorised signatory [sign here]

Name

Position Date: /..... /.....