

March 2024

INZ 1382



Ukraine Resident Visa Application

Making an application

To make an application under this category, the principal applicant must have arrived in New Zealand while holding a 2022 Special Ukraine Visa on or before 15 March 2024.

If you were not the principal applicant in a 2022 Special Ukraine Visa application, you can still apply for a Ukraine Resident Visa as the principal applicant, provided you meet the above requirement. You can complete this application form and submit it to Immigration New Zealand (INZ).

You can find more details on our website at www.immigration.govt.nz/ukraine-visa

Immigration Advisers Licensing Act 2007

Under the Immigration Advisers Licensing Act 2007 it is an offence to provide immigration advice without being licensed or exempt. If your immigration adviser is not licensed when they should be, Immigration New Zealand will return your application.

For more information and to view the register of licensed advisers, go to the Immigration Advisers Authority website www.iaa.govt.nz or email info@iaa.govt.nz.

Lawyers provide immigration advice and are exempt from licensing under the Immigration Advisers Licensing Act. For more information and to view the register of immigration lawyers, go to the New Zealand Law Society website www.lawsociety.org.nz.

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

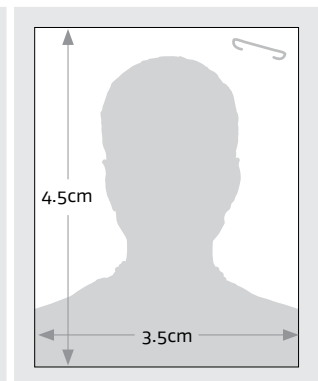
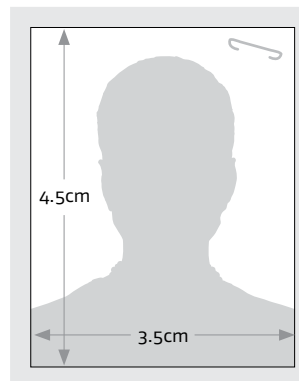
Section A Principal Applicant

Attach **two** colour 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.

A1 Name as shown in passport

Family/last name

Given/first name(s)



A2 Preferred title Mr Mrs Ms Miss Dr Other (specify)

A3 Other names you are known by or have ever been known by:

A4 Your name in ethnic script:

A5 Date of birth: / /

A6 Gender: Male Female

A7 Town/city of birth

Country of birth

A8 Other citizenships you hold:

A9 Relationship status: Single Separated Partner/De facto Divorced
 Married/in civil union Engaged Widowed

A10 Start date of current relationship: / /

A11 Details of all passports held

Passport 1

Number Country

Expiry date / / Issue date / / Place of issue

Family/last name as shown in passport Given/first name(s) as shown in passport

Passport 2

Number Country

Expiry date / / Issue date / / Place of issue

Family/last name as shown in passport Given/first name(s) as shown in passport

Passport 3

Number Country

Expiry date / / Issue date / / Place of issue

Family/last name as shown in passport Given/first name(s) as shown in passport

A12 Provide your current physical address and contact details:

Address:

Telephone:

Email:

A13 Have you received immigration advice on this application?

Yes *Your adviser should complete Section J* No

A14 Name and address for communication about this application:

Same as at **A1** – **A2** and **A12**

The person listed at Section J

Other *Provide details*

A15 Do you authorise the person stated at **A14** to act on your behalf?

Yes No

Section B Principal applicant's family details

B1 Give details of all your family, whether migrating with you or not, including those adopted legally or by custom.

Note: if you do not declare all your family members, your residence application could be declined. If you are granted residence and it is later found that all family members were not declared, you may be required to leave New Zealand. In addition, any family members not declared may not be eligible for residence.

Parents (biological and adoptive). If both parents are deceased, give details of legal guardians (if any) and/or grandparents.

Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

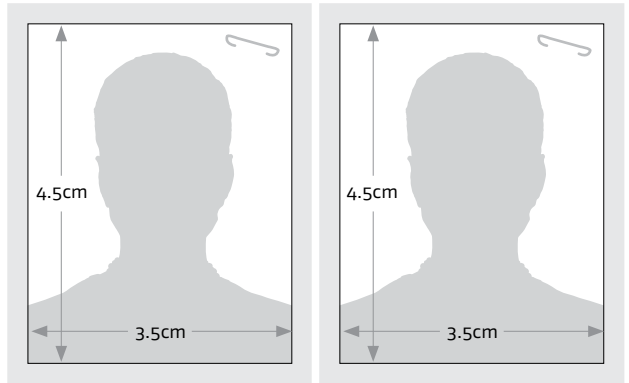
Brothers and sisters (including half-, step- and adopted brothers and sisters).

Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Children (including biological, adopted and step-children, including those from previous marriages/relationships).					
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence	Does the person intend to migrate with you? (Y/N)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Section C Your partner

Attach two colour 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.



C1 Name as shown in passport

Family/last name

Given/first name(s)

C2 Preferred title Mr Mrs Ms Miss Dr Other (specify)

C3 Other names your partner is known by or has ever been known by:

C4 Your partner's name in ethnic script:

C5 Date of birth: / / **C6** Gender: Male Female

C7 Place of birth:

C8 Other citizenships your partner holds:

C9 Relationship status: Partner/De facto Married/in civil union Engaged

C10 Details of all passports held by your partner

Passport 1

Number Country

Expiry date / / Issue date / / Place of issue

Family/last name as shown in passport

Given/first name(s) as shown in passport

Passport 2

Number

Country

Expiry date

/ /

Issue date

/ /

Place of issue

Family/last name as shown in passport

Given/first name(s) as shown in passport

Passport 3

Number

Country

Expiry date

/ /

Issue date

/ /

Place of issue

Family/last name as shown in passport

Given/first name(s) as shown in passport

C11 Is your partner included in this application?

- Yes *You must provide evidence of your relationship as described in 'Completing Section D: Partner's personal details' in the Residence Guide (INZ 1002).*
- No

Section D Partner's family details

D1 Give details of all your partner's family, whether migrating with you or not, including those adopted legally or by custom.

Note: if you do not declare all your partner's family members, your residence application could be declined. If you are granted residence and it is later found that all family members were not declared, you may be asked to leave New Zealand. In addition, any family members not declared may not be eligible for residence.

Parents (biological and adoptive). If both parents are deceased, give details of legal guardians (if any) and/or grandparents.

Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

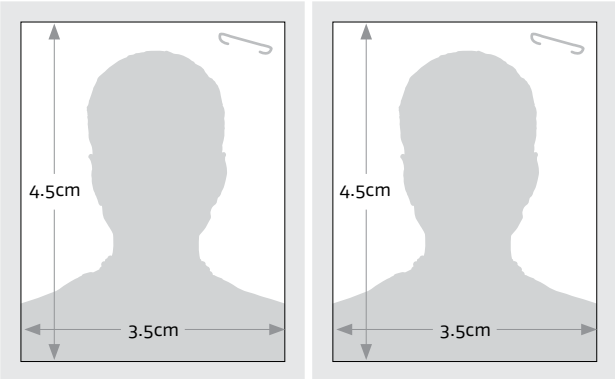
Brothers and sisters (including half-, step- and adopted brothers and sisters).				
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Children (including biological, adopted and step-children, including those from previous marriages/relationships).					
Full name	Gender (M/F)	Date of birth (DD/MM/YY)	Partnership status (e.g. single, married, partner/de facto, etc.)	Country of residence	Does the person intend to migrate with you? (Y/N)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Section E Dependent children

Child one

Attach two colour 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.



E1 Child's family/last name

E2 Child's given/first name

E3 Other names your child is known by or has ever been known by:

E4 Child's name in ethnic script: _____

E5 Date of birth: / /

E6 Gender: Male Female

E7 Place of birth: _____

E8 Other citizenships your child holds: _____

E9 Relationship status: Single Separated Partner/De facto Divorced
 Married/in civil union Engaged Widowed

E10 Travel document details: Type: _____

Number: _____

Country: _____

Expiry date: / /

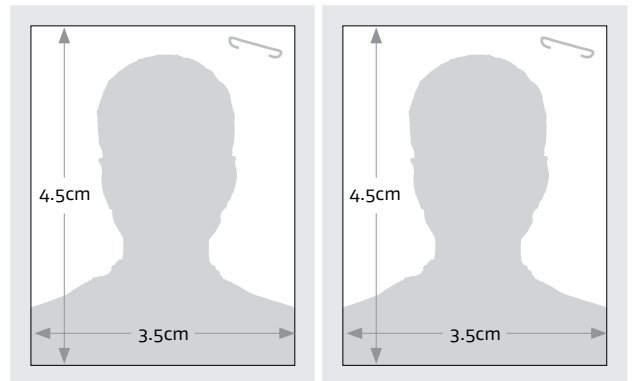
E11 Guardianship: Biological child Customary adoption Legal adoption
 Other – please describe:

Child two

Attach **two** colour 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.

E12 Child's family/last name

E13 Child's given/first name



E14 Other names your child is known by or has ever been known by:

E15 Child's name in ethnic script: _____

E16 Date of birth: / /

E17 Gender: Male Female

E18 Place of birth: _____

E19 Other citizenships your child holds: _____

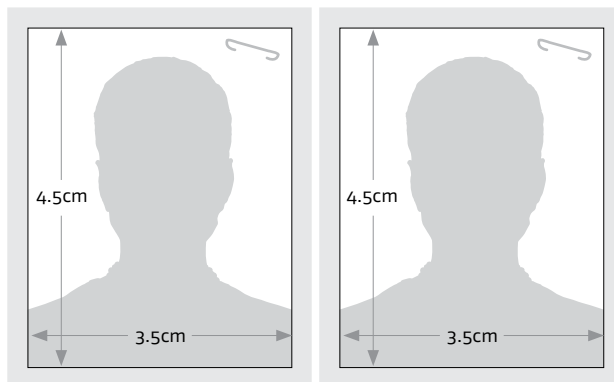
E20 Relationship status: Single Separated Partner/De facto Divorced
 Married/in civil union Engaged Widowed

E21 Travel document details: Type:
Number:
Country:
Expiry date: / /

E22 Guardianship: Biological child Customary adoption Legal adoption
 Other – please describe:

Child three

Attach **two** colour 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.



E23 Child's family/last name

E24 Child's given/first name

E25 Other names your child is known by or has ever been known by:

E26 Child's name in ethnic script:

E27 Date of birth: / / **E28** Gender: Male Female

E29 Place of birth:

E30 Other citizenships your child holds:

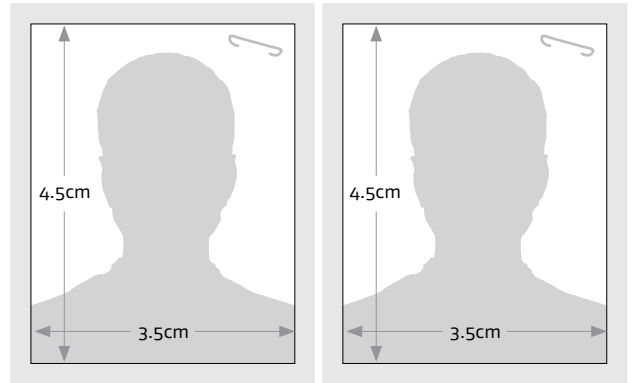
E31 Relationship status: Single Separated Partner/De facto Divorced
 Married/in civil union Engaged Widowed

E32 Travel document details: Type:
Number:
Country:
Expiry date: / /

E33 Guardianship: Biological child Customary adoption Legal adoption
 Other – please describe:

Child four

Attach **two** colour 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.



E34 Child's family/last name

E35 Child's given/first name

E36 Other names your child is known by or has ever been known by:

E37 Child's name in ethnic script:

E38 Date of birth: / / **E39** Gender: Male Female

E40 Place of birth:

E41 Other citizenships your child holds:

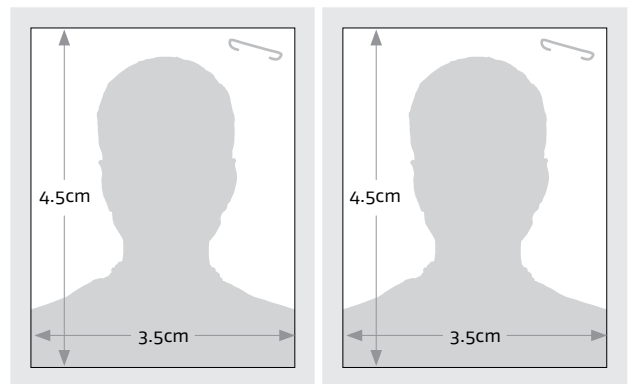
E42 Relationship status: Single Separated Partner/De facto Divorced
 Married/in civil union Engaged Widowed

E43 Travel document details: Type:
Number:
Country:
Expiry date: / /

E44 Guardianship: Biological child Customary adoption Legal adoption
 Other – please describe:

Child five

Attach **two** colour 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.



E45 Child's family/last name

E46 Child's given/first name

E47 Other names your child is known by or has ever been known by:

E48 Child's name in ethnic script:

E49 Date of birth: / /

E50 Gender: Male Female

E51 Place of birth:

E52 Other citizenships your child holds:

E53 Relationship status: Single Separated Partner/De facto Divorced
 Married/in civil union Engaged Widowed

E54 Travel document details: Type:

Number:

Country:

Expiry date: / /

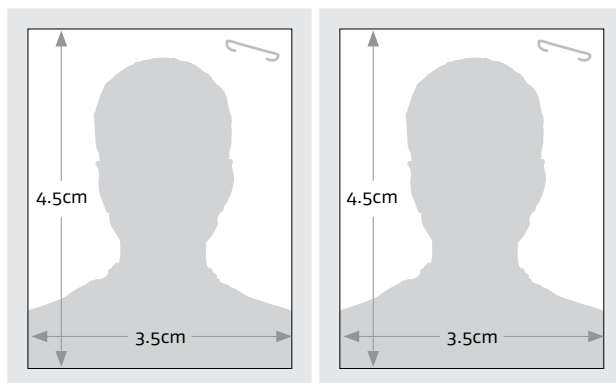
E55 Guardianship: Biological child Customary adoption Legal adoption
 Other – please describe:

Child six

Attach **two** colour 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.

E56 Child's family/last name

E57 Child's given/first name



E58 Other names your child is known by or has ever been known by:

E59 Child's name in ethnic script:

E60 Date of birth: / /

E61 Gender: Male Female Other

E62 Place of birth:

E63 Other citizenships your child holds:

E64 Relationship status: Single Separated Partner/De facto Divorced
 Married/in civil union Engaged Widowed

E65 Travel document details: Type:
Number:
Country:
Expiry date: / /

E66 Guardianship: Biological child Customary adoption Legal adoption
 Other – please describe:

E67 Are you separated or divorced from the parent of any of the above children or is the parent of any of the above children **not** included in this application?
 Yes *You must provide evidence. See 'Completing Section F: Dependent children' in the Residence Guide.*
 No

Section F Character

The following questions apply to every person included in the application 17 years of age and over. Every person aged 17 years and over applying for residence in New Zealand must also provide:

- a police certificate from their country of citizenship; and
- police certificates from any country they have lived in for 12 months or more (whether in one visit or intermittently) in the last 10 years.

For information on how to obtain a police certificate visit www.immigration.govt.nz/policecertificate.

i For more information about the questions in this section, see 'Completing Section G: Character requirements' in the *Residence Guide*.

F1 List the countries your family have lived in for 12 months or more in (whether on one visit or intermittently) the last 10 years, with the dates they began and ended living there. If you do not know the exact dates they began and ended living in a country, give approximate dates. Please include their home country.

Name of family member

Name of country

Date of arrival / / Date of departure / /

Name of family member

Name of country

Date of arrival / / Date of departure / /

Name of family member

Name of country

Date of arrival / / Date of departure / /

Name of family member

Name of country

Date of arrival / / Date of departure / /

F2 Has anyone included in this form, 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

F3 Is anyone included in this form, currently:

- under investigation Yes No
- wanted for questioning Yes No
- facing charges Yes No

for any offence in any country?

F4 Does anyone included in this form, currently have an outstanding arrest warrant in any country?
 Yes No

F5 Has anyone included in this form, ever been:

- excluded Yes No
- refused entry Yes No
- removed or deported Yes No

from any country, excluding New Zealand?

F6 Has anyone included in this form, ever been a member of, or adhered to, any terrorist organisation?
 Yes No

F7 Has anyone included in this form, at any time in a public speech or public comments, or public broadcast, or in publicly distributing or publishing a document, argued that one race or colour is inherently inferior or superior to another race or colour; or used language intended to encourage hostility or ill will against any person or group of persons on the basis of colour, race, or ethnic or national origins of that person or group?
 Yes No

F8 Has anyone included in this form, been (or currently are) a member of an organisation or group which had objectives or principles based on hostility against people or groups on the basis of colour, race or ethnic/national origins; or an assumption that persons of a particular race or colour are inherently inferior or superior to other races or colours?
 Yes No

F9 Has anyone included in this form, had (or currently have) an association with, membership of, or involvement with, any government, regime, group or agency that has advocated or committed war crimes, crimes against humanity and/or other gross human rights abuses?
 Yes No

If you have answered yes to any of the questions in this section, provide full details below. This includes full details of any charges, convictions and the sentence or penalty imposed. Continue on a separate piece of paper if necessary.

Section G Health

G1 Have you or any other person included in this application submitted a medical certificate (*Limited Medical Certificate (INZ 1201)* and *Chest X-ray Certificate (INZ 1096)*), completed and dated by a medical practitioner within the last 36 months (at the time your Ukraine Resident Visa application is lodged) with another Immigration New Zealand application?

Yes Provide details in the table below

No A Limited Medical Certificate (INZ 1201) and Chest X-ray Certificate (INZ 1096) must be provided for every person included in this application. Go to [G2](#)

Full name	Type of application	Date application was lodged (DD/MM/YY)
1.		/ /
2.		/ /
3.		/ /
4.		/ /
5.		/ /
6.		/ /

If everyone included in this form has submitted a medical certificate and chest X-ray certificate in the last 36 months (at the time your Ukraine Resident Visa application is lodged) they do not need to provide further certificates now, unless:

- the health status of any applicant has deteriorated since their previous medical certificate was issued, or
- any applicant has spent six consecutive months since their last *Chest X-ray Certificate (INZ 1096)* was issued, in a country, area or territory not listed as having a low incidence of TB (see the leaflet *Health Requirements (INZ 1121)* for further information).

Otherwise we will tell you if you need any further medical information. Go to [G2](#).

If not everyone included in the application has submitted medical certificates that were completed and dated by a medical practitioner within the last 36 months (as at the time your Ukraine Resident Visa application is lodged), they will have to provide certificates now. Go to [G2](#).

G2 Tick the option(s) below which applies to you:

- I do not have to provide any medical certificates or chest X-ray certificates at this stage. Go to [G4](#)
- I am providing a *Limited Medical Certificate(s) (INZ 1201)* for principal applicant partner child(ren).
Go to next section
- I am providing a *Chest X-ray Certificate(s) (INZ 1096)* for principal applicant partner child(ren).
Go to next section
- A physician is submitting a Limited medical and/or X-ray certificate for principal applicant partner child(ren). Go to [G3](#)

G3 Has the physician submitting their Limited medical and/or X-ray certificate supplied them with an eMedical Reference Code (NZER)?

Yes Enter their eMedical Reference Code(s) here: _____ Go to next section

No Enter the name of the clinic submitting their health information: _____ Go to next section

If the physician has returned the medical and/or X-ray certificate to you or them then you will need to submit these.

G4 Does anyone included in this form, have tuberculosis (TB)? Yes No

G5 Does anyone included in this form have any medical condition that requires, or may require, one of the following during your stay in New Zealand?

- Renal dialysis Yes No
- Hospital care Yes No
- Residential care* Yes No

*Residential care is defined as in-patient care for people with psychiatric, sensory or intellectual disabilities or live-in facilities for the aged.

Before you submit this form, you (the principal applicant) and any partner and dependent children aged 18 years and over who are being included in your application must agree to the declaration below. Read it carefully and make sure you understand it before you confirm that you have read, understood and agree to this declaration.

i For more information about the declaration, see Section 'Completing Section P: Declaration' in the *Residence Guide*.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, my application may be declined, or I may become liable for deportation.

I understand the notes and questions in this form and I declare the information given about myself, my partner and any children is true and complete.

I declare that I have listed all my family members, including any adopted by custom and my grandparents or legal guardians (if any) if both my parents are deceased, and understand that the non-declaration of any family members may result in that family member not being recognised as part of my family in future applications.

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 am aware that convictions for certain criminal offences committed up to 10 years after first being granted a residence class visa can result in deportation from New Zealand.

I declare that there are no matters or warrants outstanding, or investigations of any kind, which could have any current or future effect on the assessment of my good character or the good character of any other persons included in this form.

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.

I understand that Immigration New Zealand may provide information about my entitlement to work to potential employers via the online VisaView system. VisaView is authorised by legislation.

I authorise INZ to make any enquiries it deems necessary in respect of the information provided on this form and/or accompanying documentation, and to share this information with other government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.

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 form and/or accompanying documentation to disclose that information to Immigration New Zealand.

I authorise INZ 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 INZ.

I accept that any advice given to me by INZ before lodging this form was intended to assist me, and acting on that does not mean that my application for residence will be approved.

I understand that in order to work in certain occupations in New Zealand, registration is required by law. I accept that the granting of a residence class visa does not guarantee that registration will be granted.

I agree that information about my personal resources and the contents of this form may be provided to Work and Income (a service unit of the Ministry of Social Development) if I apply for an emergency benefit. I understand that I will need to give a copy of this declaration to Work and Income if I apply for an emergency benefit.

I understand that I am not entitled to an emergency benefit, unemployment benefit on grounds of hardship or sickness benefit on grounds of hardship from Work and Income for the first 24 months of my residence in New Zealand unless I can show that I am in hardship. I also understand that if I apply for an emergency benefit, unemployment benefit on grounds of hardship or sickness benefit on grounds of hardship that I will need to show that I cannot support myself and my dependants before any application for emergency benefit, unemployment benefit on grounds of hardship or sickness benefit on grounds of hardship is considered. I understand that my application for an emergency benefit, unemployment benefit on grounds of hardship or sickness benefit on grounds of hardship may be declined if I have deprived myself of income or property, by gift or any other method.

I have read, understood and agree to this declaration

Signature of principal applicant _____ Date DD / MM / YYYY

Signature of partner _____ Date DD / MM / YYYY

Signature of parent or guardian if principal applicant is under 18 years of age

_____ Date DD / MM / YYYY

Signatures of accompanying dependent children over 18 years of age (if applicable)

Child one _____ Date DD / MM / YYYY

Child two _____ Date DD / MM / YYYY

Child three _____ Date DD / MM / YYYY

Child four _____ Date DD / MM / YYYY

Child five _____ Date DD / MM / YYYY

Child six _____ Date DD / MM / YYYY

Child seven _____ Date DD / MM / YYYY

Child eight _____ Date DD / MM / YYYY

Child nine _____ Date DD / MM / YYYY

Child ten _____ Date DD / MM / YYYY

Section J Immigration adviser's details

This section must be completed by the applicant's immigration adviser.

J1 Tick the **one** option that applies to you.

I am a licensed immigration adviser under the New Zealand Immigration Advisers Licensing Act 2007. Go to **J2**

I am exempt from licensing under the New Zealand Immigration Advisers Licensing Act 2007. Go to **J3**

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, unless you are exempt.

J2 Licensed advisers. Please provide your licence details.

Licence type

full provisional limited. List conditions specified in the register.

Licence number 2 0 _____ Go to Section K: Declaration by person assisting the applicant.

B Exempt from licensing. Tick one box below to show why you are exempt from licensing.

- I provided immigration advice in an informal or family context only, and I did not provide the advice systematically or for a fee.
- I am a New Zealand member of Parliament or member of their staff and I provided immigration advice as part of my employment agreement.
- I am a foreign diplomat or consular staff.
- I am an employee of the New Zealand public service and I provided immigration advice within the scope of my employment agreement.
- I am a lawyer and I hold a current practising certificate as a barrister or as a barrister and solicitor of the High Court of New Zealand.
- I am employed by, or I am working as a volunteer for, a New Zealand community law centre where at least one lawyer is on the employing body of the community law centre or is employed by or working as a volunteer for the community law centre in a supervisory capacity.
- I am employed by, or I am working as a volunteer for, a New Zealand citizens advice bureau.

Go to Section K: Declaration by person assisting the applicant.

Section K Declaration by person assisting the applicant

This section must be completed by any person who has assisted you by providing immigration advice, explaining, translating, or filling in the form.

Name and address of person assisting applicant.

Family/last name:

Given/first name(s):

Organisation name (if applicable) and address:

Telephone:

Email:

I understand that after the applicant has signed this form it is an offence for me to change or add further information, or change or add any documents attached to the form, without making a statement identifying what information or material has been changed, added or attached and by whom. If I make these changes or additions, I must state on the form what they were, who made them and the reason they were made.

I understand that the maximum penalty for this offence is a fine of up to NZ\$100,000 and/or a term of imprisonment of up to seven years.

I certify that the applicant asked me to help them complete this form and any additional forms. I certify that the applicant agreed that the information provided was correct before signing the declaration.

- I have assisted the applicant as an interpreter/translator
- I have assisted the applicant with recording information on the form
- I have assisted the applicant in another way. Specify
- I have provided immigration advice (as defined in the Immigration Advisers Licensing Act 2007) and my details in Section J: Immigration adviser's details, are correct.

Signature of person assisting

Date

/ /

About the information you provide

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a resident 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.

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.**

Other documents we may need or you may wish to send

We may ask for additional documents or information so that we can consider it with this application.

You may wish to send other documents or information so that we can consider it with this application. Send photocopies only (not original documents), as these documents will not be returned to you. If we need to see an original document, we will ask you to produce it later.

Application checklist

Office Use only	Information and documents you must supply:	Check list
<input type="checkbox"/>	completed application form including the required signature(s)	<input type="checkbox"/>
<input type="checkbox"/>	copies of passports or certificates of identity for each applicant included	<input type="checkbox"/>
<input type="checkbox"/>	full birth certificate(s) for each applicant included	<input type="checkbox"/>
<input type="checkbox"/>	two recent passport-size photographs of each applicant included	<input type="checkbox"/>
<input type="checkbox"/>	limited medical certificate(s) and chest X-ray certificate(s) for each applicant included (if required)	<input type="checkbox"/>
<input type="checkbox"/>	the applicable application fee	<input type="checkbox"/>
<input type="checkbox"/>	police certificate(s) for all applicant(s) aged 17 years and over	<input type="checkbox"/>
<input type="checkbox"/>	any other required evidence as outlined in this form	<input type="checkbox"/>

For more information

If you have questions about completing the form:

- see our website www.immigration.govt.nz/about-us/contact
- telephone our call centre on 0508 558 855 (within New Zealand).

Section L**Paying your application fee**

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

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 / /

Signature of cardholder

Date / /





Te Kāwanatanga o Aotearoa
New Zealand Government
