

Immigration Questionnaire

Please provide us with answers to all the questions below, as these questions are to understand your circumstances better and to be able to assess in a more accurate manner your suitability for gaining the legal right to live and work in New Zealand. Where a question does not apply to you, please write **N/A** rather than leaving the question unanswered.

Personal Details

Prefix:	Home Phone:
Family Name:	Mobile Phone:
Given Name(s):	Mobile Phone 2:
Middle Name(s):	Date of Birth:
Previous/Other Names (if applicable):	Country of Birth: Town of Birth:
Gender: Male Female Gender Diverse	Current Home Address (include city & country):
Citizenship 1: Citizenship 2: Citizenship 3:	Your Last Overseas Residential Address (if applicable):

Passport(s) Details

Passport Number: Country of Issue: Passport Issue Date: Passport Expiry Date:	Passport Number: Country of Issue: Passport Issue Date: Passport Expiry Date: <i>Please only fill this section if you have a second passport.</i>
--	---

Previous New Zealand Immigration History

Have you previously applied for a New Zealand visa?	
If yes, please provide your client number.	
Have you previously requested an NZeTA?	
Have you ever travelled to New Zealand? If yes, please provide your last date of departure from New Zealand.	

Travel History

Place of birth and all countries you have lived in for 5 years or more since turning 17 years old

Country of Birth

Arrival Date

Departure Date

Country 2

Arrival Date

Departure Date

Country 3

Arrival Date

Departure Date

Country 4

Arrival Date

Departure Date

Current country and all countries you have spent 3 months or more in the last 5 years

Current Country

Country 2

Country 3

Country 4

Health

Do you have any medical condition that requires, or may require, medical treatment of any kind?

YES

NO

Are you currently on any medication?

YES

NO

Are you currently pregnant?

YES

NO

Do you have tuberculosis?

YES

NO

Do you have any medical condition that requires, or may require, medical treatment of any kind?

YES

NO

Are you currently on any medication?

YES

NO

If you have answered YES to any of the questions, please explain the circumstances surrounding your answer(s).

Character

Have you ever been convicted at any time of any offence, including any driving offence?	YES	NO
Have you ever been deported from, expelled from, excluded from, or refused entry to, any country, including New Zealand?	YES	NO
In any country, including New Zealand, are you currently under investigation, wanted for questioning, or facing charges for any offence?	YES	NO
Have you ever been unlawful or breached your visa conditions for any country, including New Zealand?	YES	NO
Have you ever been refused a visa by any country, including New Zealand?	YES	NO
If you have answered YES to any of the character questions, please explain the circumstances surrounding your answer(s).		

Qualifications

Qualification 1

Qualification Type		Country of Study	
Major		Start Date Finish Date	
Institution		Institution:	

Qualification 2

Qualification Type		Country of Study	
Major		Start Date Finish Date	
Institution		Institution	

Qualification 3

Qualification Type		Country of Study	
Major		Start Date Finish Date	
Institution		Institution	

Qualification 4			
Qualification Obtained		Country of Study	
Major		Start Date Finish Date	
Institution		Institution	

Work Experience

Current Employer

Name of Employer/Company:	
Number and Street:	
Town/City:	
State:	
Post Code:	
Country:	
Position:	
Full Time/Part Time:	

Employer 2

Name of Employer/Company:	
Number and Street:	
Town/City:	
Stat:	
Post Code:	
Country:	
Position:	
Full Time/Part Time:	

Employer 3

Name of Employer/Company:	
Number and Street:	
Town/City:	
State:	
Post Code:	
Country:	
Position:	
Full Time/Part Time:	

Employer 4

Name of Employer/Company:	
Number and Street:	
Town/City:	
State:	
Post Code:	
Country:	
Position:	
Full Time/Part Time:	

Employer 5

Name of Employer/Company:	
Number and Street:	
Town/City:	
State:	
Post Code:	
Country:	
Position:	
Full Time/Part Time:	

Employer 6

Name of Employer/Company:	
Number and Street:	
Town/City:	
State:	
Post Code:	
Country:	
Position:	
Full Time/Part Time:	

Employer 7

Name of Employer/Company:	
Number and Street:	
Town/City:	
State:	
Post Code:	

Country:	
Position:	
Full Time/Part Time:	

Contacts in New Zealand (Family/Friends)

Family/Friend 1

Surname	
Given Name	
Gender	
Phone Number	
Email Address	
Address Number and Street	
City and Postcode	
Relationship to You	

Family/Friend 2

Surname	
Given Name	
Gender	
Phone Number	
Email Address	
Address Number and Street	
City and Postcode	
Relationship to You	

Family/Friend 3

Surname	
Given Name	
Gender	
Phone Number	
Email Address	
Address Number and Street	
City and Postcode	
Relationship to You	

Family/Friend 4

Surname	
---------	--

Given Name	
Gender	
Phone Number	
Email Address	
Address Number and Street	
City and Postcode	
Relationship to You	

Confirmation of Accuracy

Please read and confirm the following statement:

"I hereby certify that all the information provided in this questionnaire has been completed to the best of my knowledge and is truthful to the best of my ability."

I confirm that all information provided is accurate and truthful.

By checking the box above, you acknowledge that you have provided accurate and truthful information to the best of your knowledge.