



Visitor Visa Declaration Form

A declaration for visitor visa applicants if another person is applying online on their behalf

Using this form

Use this form if another person will submit an online application on your behalf. This includes if you are over 18 and have been included in the visitor visa application of your partner or parent.

You must sign Section A to:

- show you understand and agree to the statements about your application and any visa you may be granted, and
- agree to the application being submitted.

You must also sign Section B if:

- the person submitting your application is a licensed immigration adviser, or is exempt from licensing (such as a lawyer), and
- will continue to act on your behalf after submitting your application.

Section A: Visitor Visa Declaration

I agree:

- to tell Immigration New Zealand about any changes to my circumstances that occur after making this application (including a change in my employment or partnership status) 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
- to leave New Zealand before my visa expires
- that if I am not entitled to free health care in New Zealand, I will pay for any health care or medical assistance I may require in New Zealand
- if I am granted a limited visa, that I will leave New Zealand on or before the expiry date of that visa. If I do not leave New Zealand, I may be immediately deported from New Zealand without the right of appeal.

I understand that:

- if I remain in New Zealand after my visa has expired, I may be liable for deportation
- 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 not further process my application.

I authorise:

- Immigration New Zealand to provide information about my health and my immigration status to any health service agency
- any health service agency to provide information about my health to Immigration New Zealand
- Immigration New Zealand to provide information about my immigration status to my education provider, including via the online VisaView system, if I undertake a course of study while in New Zealand
- Immigration New Zealand to make any necessary enquiries about information on this form and/or accompanying documentation
- 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, insurance providers, police or other law enforcement agencies, that holds information (including personal information) related to information on this application form and/or accompanying documentation to disclose that information to Immigration New Zealand or the Ministry of Business, Innovation and Employment, so that they can:
 - make a decision on this application
 - answer enquiries about my immigration status once my application has been decided

I also authorise of

to submit my application online (name this person only if they are applying on your behalf but not included in the application).

New Zealand Business Number (for New Zealand businesses only)
For help search: www.nzbn.govt.nz

I confirm that all the information I have provided is true and correct, and that I have provided all the necessary documents. I understand that information provided in the online form by another person on my behalf is considered to be information provided by me. I understand that if false or misleading information is submitted, my application may be declined without further warning.

I agree with the declaration

Signature of principal applicant **主申请人签名 (签中文, 同护照上)** Date **日期**

Signature of partner (if applicable) **配偶签名 (签中文, 同护照上)** Date

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

如果副申请人在18岁以下由父母或监护人签名 Date **日期**

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

Child one **18岁以上随行子女签名** Date **日期**

Child two **18岁以下随行子女签名** Date

Child three Date

Child four Date

Section B: Authority to act with regards to your visa application

To be completed if an immigration adviser, lawyer or another person exempt from the requirement to be licensed under the Immigration Advisers Licensing Act has recorded your information in the online form, will be submitting the online form on your behalf and will continue to act on your behalf throughout the processing of your application.

Note: Only a licensed immigration adviser or person exempt from licensing may act on your behalf throughout the application process. See www.immigration.govt.nz/adviserlicensing for more information about who is exempt from licensing.

I authorise the person identified in Section A who will submit my application, to act on my behalf with regards to the processing of that visa application.

I also authorise all other licensed immigration advisers or persons exempt from licensing who work for the organisation named above to act on my behalf. Note: the person identified in Section A will receive all communication from Immigration New Zealand.

Signature of principal applicant Date

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

Date