NEW ZEALAND IMMIGRATION

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 for a visitor visa, a reconsideration of decision to decline a further visitor visa or a variation of conditions of a visitor visa. 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 sign EITHER Section B or Section C to indicate you have given someone else the authority to submit the application online for you:

- Use Section B if the person submitting the form is a licensed immigration adviser or a person exempt from licensing (such as a lawyer) and that person will continue to act on your behalf during the processing of the application
- Use Section C if the person submitting the form is only providing assistance to you by recording your information on the online form and submitting it for you.

Section A: Visitor Visa Declaration

The information you provide must be true, correct and complete

I have provided true and correct answers to the questions in this form, and uploaded all of the documents required for this application (including any translations of documents that are required). The documents I have uploaded are genuine, and they accurately reflect the answers I have given to the questions in this form.

I understand that I may be required to provide additional information, including attending a medical examination and providing my passport to Immigration New Zealand, before my application is decided. Any additional information requested will form part of my application. If additional information is requested, and I do not provide it within the timeframes provided, my application may be declined.

I will inform Immigration New Zealand of any relevant fact or change of circumstances that may affect the decision on my application for a visa (including because I may no longer meet the criteria for the visa for which I am applying), or affect the decision to grant entry permission based on the visa for which I am are applying.

Examples of matters you should inform Immigration New Zealand about include a change in employment or partnership status, a change in your health, or a new character issue.

I understand that by submitting this application, I am providing information to an immigration officer. If false or misleading information is submitted, including by my agent, my application may be declined without further warning. I may be denied entry to New Zealand or made liable for deportation. If my visa has already been approved, it may be cancelled. It is an offence under the Immigration Act 2009 to provide false or misleading information in relation to a visa application, and I may be prosecuted.

You must only receive immigration advice from a person who is licensed, or exempt from licensing

I understand that if I have received immigration advice from any person, and that person is not licensed under the Immigration Advisers Licensing Act 2007 when they should be, Immigration New Zealand will refuse to accept or decline my application. For more information, see **www.iaa.govt.nz**

Collection and use of your information

Collection of your information is authorised by the Immigration Act 2009 and the Immigration (Visa, Entry Permission and Related Matters) Regulations 2010. If you do not provide the required information a decision on your application may be delayed, or your application may be declined.

I understand that Immigration New Zealand is collecting and will use the information in this application, including any associated documents, to:

- assess my eligibility to apply for a visa, and
- assess my visa application, and make decisions about entry to New Zealand, and
- improve Immigration New Zealand's services and its administration of the Immigration Act 2009, including internal quality assurance, audit and/or review of decisions, and
- communicate with me (or my authorised contact person), including about this application and any associated documents, and matters relating to my immigration status.

Your information may also be anonymised and used for survey or research purposes.

Immigration New Zealand shares information with other agencies and service providers to assess this application and make decisions about you

I understand Immigration New Zealand may disclose information on this application and/or accompanying documentation to other agencies, including other government agencies (in New Zealand and overseas) for the purposes of assessing this application and making decisions under the Immigration Act 2009, including regarding my immigration status.

I:

- understand that other agencies or persons may hold information that Immigration New Zealand needs to make decisions regarding this application
- understand these agencies include in particular border or immigration agencies, education providers, financial institutions, foreign embassies, government authorities, healthcare providers, police or other law enforcement agencies, and my former, current, or prospective employers
- authorise Immigration New Zealand to collect information directly from relevant agencies, and authorise those agencies to disclose information to Immigration New Zealand, for the purposes of making decisions regarding this application.

Immigration New Zealand shares information with agencies and organisations to confirm your immigration status in New Zealand

I authorise Immigration New Zealand to provide information about my health and my immigration status to any health service agency so that the health agency can determine my eligibility for publicly funded health services, and where appropriate, recover costs for the delivery of health services.

I authorise Immigration New Zealand to provide information about my entitlement to work or study in New Zealand to potential education providers or employers, including via the online VisaView system.

I understand that Immigration New Zealand may provide information to the agency responsible for managing the Managed Isolation and Quarantine function, to validate information I provide to that agency including identity and travel details.

INZ will keep your information

I understand that when I submit this application, the information I provide will be retained in Immigration New Zealand records, in accordance with Immigration New Zealand's retention policies.

You must comply with the conditions of your visa

If my visa application is approved, I understand that I must comply with all the conditions of that visa, and leave New Zealand on or before the expiry date of that visa. If I remain in New Zealand after my visa has expired, I may be deported by Immigration New Zealand. If I am granted a limited visa, and I remain in New Zealand after my visa has expired, I may be deported by Immigration New Zealand without the right of appeal.

Access to health care while in New Zealand

I agree that if I am not entitled to free health care in New Zealand, I, or my sponsor, if applicable, will pay for any health care or medical assistance I may require in New Zealand.

Your privacy rights

Immigration New Zealand will not use or disclose the information provided in this application for any other purpose, unless such use or disclosure is required or permitted by law.

Under the Privacy Act 2020 you have the right to request access to all information held about yourself and to request correction of that information. Immigration New Zealand's privacy policy, and the process to make a request for your information is set out on the Immigration New Zealand website **www.immigration.govt.nz/about-us/site-information/privacy**.

Terms of use

The Terms of Use for Immigration Online are available on the Immigration New Zealand website **www.immigration.govt.nz/about-us/site-information/terms-of-use/immigration-online**.

Ongoing communication

I understand that the persons assisting with my application will continue to receive information from INZ about my application and communication will be provided via the online account from which the application is submitted.

I agree with the declaration

Signature of principal applicant _____ Date DD/MM/YYYY

Signature of partner (if applicable) _____ Date DD/MM/YYYY

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

_____ Date DD/MM/YYYY

Signature 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

Section B: Authority to act with regards to your visa application, reconsideration application or variation of conditions 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 also authorise NAME OF PERSON of NAME OF ORGANISATION, IF APPLICABLE

to submit my visitor visa application online and to act on my behalf with regards to the processing of that 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.

☐ Yes *Note: the person identified above will receive all communication from Immigration New Zealand.*

☐ No *Only the person authorised above may act on my behalf.*

Signature of principal applicant _____ Date DD/MM/YYYY

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

_____ Date DD/MM/YYYY

Section C: Authority to submit your visa application, reconsideration application or variation of conditions application

To be completed if a person has assisted you by recording your information in the online form and will be submitting the form on your behalf. Note that unless that person is licensed or exempt from licensing, he or she cannot provide you with immigration advice or act on your behalf with regards to the processing of your application.

I also authorise NAME OF PERSON of NAME OF ORGANISATION, IF APPLICABLE

to submit my visitor visa application online.

New Zealand Business Number (if applicable) _____ *For help search:* **www.nzbn.govt.nz**

Signature of principal applicant _____ Date DD/MM/YYYY

Te Kāwanatanga o Aotearoa
New Zealand Government