

PERSONAL DETAILS

Family name:		First name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:	Place of birth:
Citizenship:		Country of permanent legal residence:	
What is your home address?		New Zealand address (If applicable)	

To what address do you want your correspondence sent?

Tel. No.:	Business:	Mobile:
Facsimile:	Email:	

Partner/Spouse Information. Please advise type of relationship; Married or partner

Family name:		First name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:	Place of birth:
Citizenship:		Country of permanent legal residence:	

Please provide details of any children

Name	Sex	DOB	Place of Birth	Country of Permanent Legal Residence	Married/Single
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> M <input type="checkbox"/> S
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> M <input type="checkbox"/> S
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> M <input type="checkbox"/> S
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> M <input type="checkbox"/> S
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> M <input type="checkbox"/> S

Can you provide Birth/Marriage documents for all of the above people? Yes No

How long have you and your partner physically lived together?

Please advise the names of those children who will **NOT** be coming to New Zealand with you

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(b) The names and the relationship to you of any other people who wish to migrate with you:

Family Name	First Name	Relationship

FAMILY DETAILS

Please complete this section even if the family member is not migrating with you. Please only include family members who are alive. Record the **full address** of any person who is living in New Zealand **and the year they first obtained New Zealand Residence**.

Your Father's name: _____ **Country of permanent legal residence:** _____

Your Mother's name: _____ **Country of permanent legal residence:** _____

Please provide the following information in regard to your brothers and sisters, starting from the eldest. Leave a blank line with a large 'X' at your place in the family.

Name	Married/ Single	Sex	Age	Country of Permanent Legal Residence
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		

Please supply the same information in relation to your partner/spouse. Record the **full address** of any person who is living in New Zealand **and the year they first obtained New Zealand Residence**.

Partner's Father's name: _____ **Country of permanent legal residence:** _____

Partner's Mother's name: _____ **Country of permanent legal residence:** _____

Please provide the following information in regard to your partner's brothers and sisters, starting from the eldest. Leave a blank line with a large 'X' at your partner's place in the family.

Name	Married/ Single	Sex	Age	Country of Permanent Legal Residence
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		

	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F		

WORK EXPERIENCE

Please set out below details of all the jobs you have held, beginning with your present job. See note at page end in relation to evidence.

Dates of Employment				Position Title	Brief Position Description	
From		To				
Month	Year	Month	Year			
Totals					Years	Months
What in your calculation is the total work experience in years and months?						
Of the above work experience, how much of it was in New Zealand?						
Of the above work experience, how much of it was spent in situations in which you were either an owner of the business, or involved in the planning, organizing and control of the business?						

Now please provide the same information in regard to your spouse. Please set out below details of all the jobs he or she has held, beginning with his or her present job.

Dates of Employment				Position Title	Brief Position Description	
From		To				
Month	Year	Month	Year			
TOTALS					Years	Months
What in your calculation is the total work experience in years and months?						
Of the above work experience, how much of it was in New Zealand?						
Of the above work experience, how much of it was spent in situations in which you were either an owner of the business, or involved in the planning, organizing and control of the business?						

NOTE: If you or your spouse will not be able to provide documentary evidence for any of the work experience listed above, please now go back and place brackets around the periods you cannot document.

ASSETS & INVESTMENTS

The New Zealand Government is interested in applicants wishing to come to New Zealand and invest funds, while they spend a period of time in the country. There are two levels of investment, larger amounts may allow you to invest semi-actively and smaller amounts may require you to be actively involved in a business. Our report will detail which options may be available to you. In order to give you accurate advice you need to answer the following questions honestly.

Please make a Yes or No answer to each sum nominated in the questions 1 and 2 below.

(1) Do you or your spouse jointly have the ability to transfer the following cash sums to New Zealand? (on condition (a) that you can prove that you or your spouse have earned or acquired the money legally and (b) that you are prepared to leave the money in New Zealand economy for up to 4 years after your migration to New Zealand and not use the capital for any domestic requirements, i.e., home purchase)

NZ \$10,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NZ \$1,500,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(2) Will you, or your spouse, or you and your spouse jointly, have the ability to bring the following cash sums with you when you migrate to New Zealand and be interested in using those funds to actively invest in a business in New Zealand?

NZ \$1,000,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NZ \$200,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NZ \$900,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NZ \$150,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NZ \$800,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NZ \$100,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NZ \$750,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NZ \$75,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NZ \$500,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NZ \$50,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NZ \$250,000+?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are not interested in investing any funds either actively or passively in New Zealand, please indicate what sum of money you will bring with you to New Zealand to assist in your settlement.

NZ \$250,000 or more?	\$	NZ \$100,000 or more?	\$
NZ \$75,000 or more?	\$	NZ \$50,000 or more?	\$
NZ \$25,000 or more?	\$	Less than NZ \$10,000?	\$

Have you ever been adjudged bankrupt? Yes No

If so, when?

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YOUR FUTURE PLANS IN NEW ZEALAND

Are your future plans:		
A	To work in paid employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you plan to work in paid employment, do you have a job arranged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES what is the job title?	
	Do you believe this job to be relevant to your qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the name, address and telephone number of your prospective employer, if any?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	To work for yourself, or in a business in which you are an active investor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you plan to work for yourself, or in a business in which you are an investor, have you already confirmed your plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, have you presented those plans to the New Zealand Immigration Service, yet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, but you do plan to work for yourself, or in a business in which you are an investor, can you indicate the nature of business or business in which you may be interested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, but you do plan to work for yourself, or in a business in which you are an investor, can you indicate the nature of business or business in which you feel you may be interested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	If your profession is one requiring registration and you do not have an offer of employment, or if you do have an offer for employment and do envisage active practice of your profession, then you will be required to obtain registration. Have you obtained registration yet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
D	To be a passive investor	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	To not be actively engaged either in paid work or as an investor? (i.e. Retired; home maker; grandparent, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL

Have you made an application for New Zealand Residence before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what is your New Zealand Immigration reference number?	
Do you or any of those accompanying you have any major health problems? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any of those accompanying you have any minor health problems? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of those accompanying you ever had health problems in the past, which are now under control? Please include any past operations. Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of those applying with you stayed for twelve months or more in any country other than your home country during the past 10 years? (Either in one visit or several visits)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to the above question, please identify the person or persons concerned and list the countries in which they have lived and the dates involved:	
Have you or any of those accompanying you ever been:	
Charged with any offence(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Found guilty of any offence(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deported, excluded or removed, asked to leave, refused entry, or refused a permit to visit, work, study or reside in any country including New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any reason to believe that you or any other member of your family is currently under investigation by any law enforcement agency in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Involved with terrorism or the illicit drugs trade?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a member of any organization with criminal objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a member of any organization which had racist objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "YES" to any of the above questions, please provide details:	
Description:	

ENGLISH LANGUAGE ABILITY

How would you describe your English language ability?

- English is my first language
- Fluent in English
- I can speak and read a little English
- I do not speak English

Please list below the details of any education you have received that used English as the teaching medium, whether in primary (elementary) school; secondary (high) school, or any tertiary institution or other course.

Institution	Years of Attendance	Course Followed

And now the same questions in regard to your spouse or partner.

How would you describe your spouse/partner's English language ability?

- English is my first language
- Fluent in English
- I can speak and read a little English
- I do not speak English

Please list below the details of any education your spouse has received that used English as the teaching medium, whether in primary (elementary) school; secondary (high) school, or any tertiary institution or other course.

Institution	Years of Attendance	Course Followed

And now the same questions in regard to any dependant who is a part of your application, and who are over the age of 16.

Dependant's Full Name:

How would you describe your spouse/partner's English language ability?

- English is my first language
- Fluent in English
- I can speak and read a little English
- I do not speak English

Please list below the details of any education he/she has received that used English as the teaching medium, whether in primary (elementary) school; secondary (high) school, or any tertiary institution or other course.

Institution	Years of Attendance	Course Followed

continued on next page...

ENGLISH LANGUAGE ABILITY, continued

And now the same questions in regard to any dependant who is a part of your application, and who are over the age of 16.

Dependant's Full Name:

How would you describe your spouse/partner's English language ability?

- English is my first language
- Fluent in English
- I can speak and read a little English
- I do not speak English

Please list below the details of any education he/she has received that used English as the teaching medium, whether in primary (elementary) school; secondary (high) school, or any tertiary institution or other course.

Institution	Years of Attendance	Course Followed

If you have more than 2 dependent children over the age of 16, please enclose details of their English language ability on a separate sheet. Please note below if you are unable to document any of the above information, identifying which information it is that you are unable to document.

Comments:

DIVORCE/CHILDREN FROM PRIOR RELATIONSHIP

Only complete this section if you or your partner/ spouse have ever been divorced or were previously in a relationship, but not married, and there are children from that relationship.

Which of you has been divorced/in a prior relationship, with children?	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse/Partner
If divorced, is this legal and final?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you prove this with legal documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please record the names any children of the previous marriages/ or relationships who will migrate with you (including those mentioned previously in this questionnaire) below:

Name (migrating)	Age
If these children are 19 or younger, are you able to prove custody of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they are 19 or younger, do you have, or can you obtain from the other parent, written permission for these children to accompany you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any children from previous marriages/ relationships who will not be migrating with you, please record

Name (not migrating)	Age
Do you have any unresolved maintenance matters in relation to these children?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information provided in this form is supplied for the purpose of assessing your options for a temporary or permanent stay in New Zealand. The information may be further used to assist in the preparation of an application to be presented to Immigration New Zealand on your behalf. We will rely on that information being accurate and cannot be held responsible if you provide inaccurate or misleading information.