

If I am granted a limited visa, I agree 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 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 _____ Date

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

_____ Date

D		D		M		M		Y		Y		Y		Y
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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.

I authorise

NAME OF PERSON

 of

NAME OF ORGANISATION, IF APPLICABLE

to submit my visitor visa application online and on 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

D		D		M		M		Y		Y		Y		Y
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Section C: Authority to submit your visa 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 to your behalf with regards to the processing of your application.

I authorise

NAME OF PERSON

 of

NAME OF COMPANY, IF APPLICABLE

to submit my visitor visa application online.

Signature of Principal Applicant _____ Date

D		D		M		M		Y		Y		Y		Y
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