

# ONLINE STUDENT VISA APPLICATION FORM

TO BE FILLED IN CAPITAL LETTERS ONLY

## IDENTITY DETAILS

Last Name					
First Name					
DOB		Male/Female			
Country		Town/City			
Passport Number					
Birth place					
Country		State		Town	

## PARTNERSHIP STATUS

Single
  Separated
  Partner
  Divorced
  Married
  Engaged
  Engaged

Are you pregnant?
  Yes
  No
  Not Applicable

## CONTACT DETAILS

Your Current Address		
	Town/city	
	State/province/region	
Tel(Landline)		
Tel(Mobile)		
Email		
Your Postal Address (as in passport)		

## STUDY DETAILS

Name of Education Provider \_\_\_\_\_  
 Name of Course \_\_\_\_\_  
 Course Start date \_\_\_\_\_ Course Finish Date \_\_\_\_\_  
 Have you paid your full fee?
  Yes
  No

### FINANCIAL SUPPORT

How will you be financially supported? (Tick one or more boxes)

- A third Party (relative, friend or a supporting organisation) is providing a financial undertaking.
- You have sufficient funds equivalent to NZ \$15,000 for a full year of study, or NZ \$1,250 pm
- You have sufficient funds to pay your tuition fee.
- You are fully funded by the award of a full scholarship.

**Please Provide Details Separately**

Provided

Not Provided

### EDUCATION HISTORY

Education history, including English language studies (if applicable)

Qualification	Start date	Finish date	Name of Institution/Board	Country/State/Town (mention all three)

### FULL TIME WORK HISTORY

Employment details (if any)

Date from	Date to	Name of employer	Location	Type of work/occupation/job title

### FAMILY DETAILS

Write partnership status as Single/seperated/partner/divorced/married/engaged/widowed of all members

Relation	Name	DOB	Partnership Status	Citizenship	Occupation	Birth place
Father						
Mother						
Brother/Sister						
Brother/Sister						

### HEALTH AND CHARACTER DETAILS

- Have you previously applied for a visa for New Zealand?  Yes  No
- If Yes then Client Number \_\_\_\_\_
- Have you ever been convicted at any time of any offence including driving offence?  Yes  No
- Have you ever been under investigation in any country, including NZ?  Yes  No
- Have you ever been excluded, refused, deported from any country?  Yes  No

Have you ever been refused a visa by any country?  Yes  No

If Yes then provide type of visa refused with date \_\_\_\_\_

Is a physician submitting your medical and/chest X-ray to INZ on your behalf?  Yes  No

(If yes , provide the e medical reference code \_\_\_\_\_)

When did you submit your last medical? \_\_\_\_\_

What is the date of your PCC? \_\_\_\_\_

**OTHER DETAILS**

Do you have any contacts in NZ?  Yes  No

**Any Friends,Relatives In New Zealand**

1st Name			
Address			
Relationship		Telephone	
Date Of Birth		Email	
2nd Name			
Address			
Relationship		Telephone	
Date Of Birth		Email	

**APPLICATION FEE**

Visa application fee payment can be made via EFTPOS or Visa/MasterCard

Type of Credit card (choose one)  Mastercard Card  Visa Card

Name of card holder				
Card No		CVC/CW No		Expiry date
Signature of the card holder				

**Declaration:**

I hereby declare that the information given by me in this application is true and corrct to the best of my knowledge.I understand and agree that any false information,misrepresentation,or omission of facts in this application and the application process may be justification for refusal/decline.I further understand and agree that all information furnished in this application and the application process may be verified as may be necessary.

Signature of the Applicant \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_