



Work Visa Declaration Form

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

Using this form

Use this form if you have authorised another person to submit an online application on your behalf for a work visa, a reconsideration of a decision to decline a further work visa or a variation of conditions of a work visa.

You must sign Section A to show you understand and agree to the statements about your application and any visa you may be granted.

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: Work 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.

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
- Immigration New Zealand may provide information about my entitlement to work to potential employers via the online VisaView system.

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 VisaView, 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.

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

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

Date

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 authorise of

to submit my work visa, reconsideration or variation of conditions 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

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 authorise of

to submit my work visa, reconsideration or variation of conditions application online.

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

Signature of Principal Applicant Date



Te Kāwanatanga o Aotearoa
New Zealand Government