

## 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](http://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](http://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 以家庭为单位, 一个家庭只须签一份表 Date 日期

Signature of partner (if applicable) 主申请人签名, 夫妻的话都是老公作为主申请人 Date 日期

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

18岁以下子女签名 (如同行) Date 日期

Signature of accompanying dependent children over 18 years of age (if applicable)

Child one 此处均为超过18岁的子女签名 (如同行) Date 日期

Child two  Date

Child three  Date

Child four  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](http://www.immigration.govt.nz/adviserlicensing) for more information about who is exempt from licensing.

I also authorise NAME OF PERSON of NAME OF IMMIGRATION REASON

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 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

\_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## 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 SHANGHAI SPRING TRAVEL SERVICE CO, LTD.

to submit my visitor visa application online.

New Zealand Business Number (if applicable) \_\_\_\_\_

For help search: [www.nzbn.govt.nz](http://www.nzbn.govt.nz)

Signature of principal applicant 主申请人签名

Date 

日	月	日期	年				
D	D	M	M	Y	Y	Y	Y



Te Kāwanatanga o Aotearoa  
New Zealand Government