

The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency



REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.

Unit 2A, The Courtyard
Regents Park, London Road
Nantwich, Cheshire
CW5 6LW



SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.



Telephone: **01270 904 907**



Email: **applications@thetravelvisacompany.co.uk**

New Zealand Working Holiday Visa Application Pack

Thank you for requesting an application pack for a New Zealand Working Holiday Visa.

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. Checklist of the documents required
2. Service and delivery options
3. Address and payment details

PLEASE NOTE

A New Zealand Working Holiday Visa permits the holder to stay in New Zealand for up to either 12, 23 or 36 months depending on the visa you apply for. You are not permitted to work permanently in New Zealand but may undertake short-term work to supplement your holiday. You are permitted to undertake short-term study courses of up to 6 months.

To be eligible for a New Zealand Working Holiday Visa you must be aged between 18-35 years of age.

Depending on your proposed length of stay and your previous travel history, you may be required to undertake a medical examination conducted by an NZ approved doctor.

1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

- ☐ **NEW ZEALAND WORKING HOLIDAY VISA APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.
- ☐ **COPY OF PASSPORT** – Please include a copy of the photograph page of your passport. Your passport must be valid for at least 3 months beyond your exit date from New Zealand.
- ☐ **SECOND FORM OF ID** – Please include a copy of a second form of ID. This could be a driving licence, birth certificate or National ID Card for example.

! Failure to provide us with these documents will result in delays with your application.

2. Service and delivery options

✓ Please tick to confirm which service and delivery type you are requesting:

	Service Type	Processing Time	Embassy Fee	Service Fee	VAT	Total
<input type="checkbox"/>	Standard	15 days*	£320.00 [†]	£83.29	£16.66	£419.95
<input type="checkbox"/>	Priority	5 days*	£320.00 [†]	£166.63	£33.32	£519.95

*Working days excluding postal days.

[†]Includes visa processing fee and International Visitor Conservation and Tourism Levy (IVL).

! PLEASE NOTE

The processing time above refers only to The Travel Visa Company's processing time. Once we have submitted your application, the New Zealand Immigration Department will process your application. Most applications are processed within a maximum of two weeks; however, processing time can be longer depending on the circumstances of the application.

	Delivery Type	Price
<input type="checkbox"/>	Email Confirmation	-
<input type="checkbox"/>	Provide Pre-Paid Envelope*	-
<input type="checkbox"/>	Posted Confirmation	£5.00
<input type="checkbox"/>	Collect from TVC Office	-

DATE OF TRAVEL

DD MM YYYY

LENGTH OF STAY

..... Days

*If you provide a pre-paid envelope please ensure it has your return address and the correct postage amount.

3. Address and payment details

Name:

Address:

.....

.....

Postcode:

Telephone:

Email:

☐ Credit/Debit Card

Name on card:

.....

Card Number:

.....

Expiry Date: CVC:

☐ Paypal paypal@thetravelvisacompany.co.uk

☐ Cheque

☐ BACS Reference:

EMAIL MARKETING (not required)

☐ I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:

www.thetravelvisacompany.co.uk/privacy

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

TERMS & CONDITIONS (required)

☐ I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

www.thetravelvisacompany.co.uk/terms

www.thetravelvisacompany.co.uk/declaration

Signed: Date:

Please contact us if you would like to receive a printed copy of these documents.

Personal Information

Surname:	<input type="text"/>	As shown in passport
Given name(s):	<input type="text"/>	As shown in passport
Preferred title:	<input type="text"/>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="text"/>	
Date of birth:	<input type="text"/>	DD/MM/YYYY
Place of birth:	<input type="text"/>	
Town/City:	<input type="text"/>	
State/Province:	<input type="text"/>	
Country:	<input type="text"/>	

Applicant Contact Details

Phone number:	<input type="text"/>
Email address:	<input type="text"/>
Current address:	<input type="text"/>
Street:	<input type="text"/>
Town/City:	<input type="text"/>
State/Province:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>

Passport Details

Passport type:	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic	
Passport number:	<input type="text"/>	
Issuing country:	<input type="text"/>	
Issuing authority:	<input type="text"/>	
Issue date:	<input type="text"/>	DD/MM/YYYY
Expiry date:	<input type="text"/>	DD/MM/YYYY

Work Details

Current Occupation:	<input type="text"/>
<p>If you have not worked in the last 12 months, please state your previous occupation. If you have not worked in the last 5 years, please enter N/A.</p>	

Health Details

Do you have any medical conditions that requires, or may require, renal dialysis during your intended stay in New Zealand?

- ☐ Yes
☐ No

Do you have active tuberculosis?

- ☐ Yes
☐ No

Do you have any of the following conditions: cancer, heart disease or a mental/physical/intellectual disability?

- ☐ Yes
☐ No

Do you have any medical conditions that currently require, or may require, hospitalisation or residential care during your intended stay in New Zealand?

- ☐ Yes
☐ No

In the last 5 years have you spent a combined 3 months in any country or countries **not** considered to be low risk for TB?

- ☐ Yes
☐ No

A full list of countries considered low risk for TB can be found here - <https://www.immigration.govt.nz/new-zealand-visas/preparing-a-visa-application/medical-info/countries-with-a-low-incidence-of-tb>

If you have answered **yes** to any of the above **Health Details** questions, you **must** provide further detail:

Character Details

Have you ever been convicted of any offence for which you have been sentenced to a term of imprisonment of 5 years or more, or for an indeterminate period capable of running for 5 years or more?

- ☐ Yes
☐ No

In the last 10 years have you ever been convicted of any offence for which you have been sentenced to imprisonment for a term of 12 months or more, or for an indeterminate period capable of running 12 months or more?

- ☐ Yes
☐ No

Have you ever been deported from any country, not including New Zealand?

- ☐ Yes
☐ No

If yes

Country:

Date of deportation:

DD/MM/YYYY

Have you ever been **charged** for any offence against the law in any country?

- ☐ Yes
☐ No

Have you ever been **convicted** for any offence against the law in any country?

- ☐ Yes
☐ No

Are you **currently under investigation** for any offence against the law in any country?

- ☐ Yes
☐ No

Have you ever been excluded from or refused entry into any country?

- ☐ Yes
☐ No

Have you ever been removed from or asked to leave any country?

- ☐ Yes
☐ No

Character Details

If you have answered **yes** to any of the above **Character Details** questions, you **must** provide further detail:

Please provide as much detail as possible, including dates, locations and resulting sentences where appropriate.

Working Holiday Visa Questions

Have you previously been issued a New Zealand Working Holiday Visa?

- ☐ Yes
☐ No

Do you have sufficient funds available for your Working Holiday in New Zealand?

- ☐ Yes
☐ No

This typically needs to be the equivalent of NZ\$4,200 or NZ\$350 for each month you intend to be in New Zealand.

Date of travel: DD/MM/YYYY

Proposed length of stay:

- ☐ 12 months
☐ 23 months
☐ 36 months

Have you previously visited New Zealand?

- ☐ Yes
☐ No

If yes

Date: DD/MM/YYYY

Do you have sufficient funds to purchase an outward ticket when you are due to leave New Zealand?

- ☐ Yes
☐ No

- ☐ Please tick to confirm you are a British citizen who normally resides in the UK and has not been absent from the UK for more than two years immediately preceding this application.

Declarations

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any material way, my application may be declined, or my visa may later be revoked. I may also be committing an offence and be liable to prosecution.

- ☐ Yes
☐ No

I understand the notes and questions in this form, and I declare the information given is true and complete.

- ☐ Yes
☐ No

Declarations

I understand that between the time that I make this application and the time it is decided, or between the time I am issued with a visa and the time I travel to New Zealand, any relevant matter relating to my application changes, I am obliged to inform INZ.

- ☐ Yes
☐ No

I declare that there are no matters or warrants outstanding, or investigations of any kind, which could have any current or future effect on the assessment of my good character.

- ☐ Yes
☐ No

I authorise INZ to make any enquiries it deems necessary regarding the information provided on this form and to share this information with other Government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status. I also consent to any organisation providing relevant information to INZ about me.

- ☐ Yes
☐ No

I authorise INZ to provide information about my state of health and my immigration status to any health service agency. I authorise any health service agency to provide information about my state of health to the INZ.

- ☐ Yes
☐ No

I accept that any advice given to me by INZ before submitting this form was intended to assist me, and acting on that does not mean that my application will be granted.

- ☐ Yes
☐ No

I understand that in order to work in certain occupations in New Zealand registration is required by law. I accept that the grant of a visa does not guarantee that registration will be granted.

- ☐ Yes
☐ No

I understand that INZ may provide information about my entitlement to work to potential employers via the online enquiry system. The enquiry system is authorised by legislation.

- ☐ Yes
☐ No

I understand I am responsible for making sure I leave New Zealand before my visa expires and that if I do not I may face removal action.

- ☐ Yes
☐ No

Declarations

I am fully aware of the policy requirements I need to meet. I understand that if it is a condition of the scheme I am applying under I must be able to show evidence that I hold adequate medical/hospitalisation insurance cover for the time I will spend in New Zealand.

☐ Yes

☐ No

Additional writing space if required: