

# ONLINE STUDENT VISA APPLICATION FORM

## A. PERSONAL DETAILS

A.1 STUDENT ID

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A.2 FAMILY NAME

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A.3 FIRST NAME(S)

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A.4 DATE OF BIRTH

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A.5 PLACE OF BIRTH (Town/City/Province)

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A.6 COUNTRY OF BIRTH

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E.g. USA

A.7 NATIONALITY

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A.8 PREFERRED TITLE

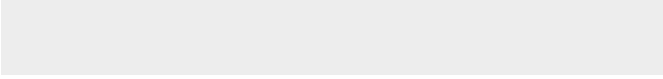
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## G. RELATIVES / CONTACTS IN NEW ZEALAND

G.1 FAMILY NAME

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GIVEN NAMES

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G.2 RELATIONSHIP TO YOU

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G.3 DATE OF BIRTH

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G.4 ADDRESS

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G.5 TELEPHONE

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MOBILE PHONE

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G.6 EMAIL

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## H. STUDENT DECLARATION

I, the undersigned, declare that the information provided in this form is true and correct.

I understand that providing false information may result in my application being refused and may have legal consequences.

I agree to provide any further information requested by the relevant authorities.

SIGNATURE OF APPLICANT

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DATE

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SIGNATURE OF PARENT OR GUARDIAN

(if applicable)

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DATE

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