

## Using this form

Use this form if you have authorised another person to submit an online application for a visa on your behalf. 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: Student Visa Declaration

### I agree:

- to tell Immigration New Zealand about any changes to my circumstances that occur after making this application
- 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
- if I am granted a visa with the condition I hold acceptable insurance, to arrange and hold insurance my education provider considers acceptable, from the period of my enrolment until the expiry of my student visa, unless I depart New Zealand earlier
- if I am granted a visa with the condition I hold acceptable insurance, I may become liable for deportation if I do not hold insurance

### 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 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

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- Immigration New Zealand to provide information about my immigration status to my past, present or future education provider, including via the online VisaView system
  - Immigration New Zealand to provide information about the status of my student visa application to my present education provider
  - Immigration New Zealand to provide information about my immigration status to the International Education Appeal Authority

If I am granted a student visa with the condition that I am accompanied by a legal guardian, I agree to live with my legal guardian. I understand that both I and my legal guardian could be made liable for deportation if this condition is not met.

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.

If I am granted a visa with the condition I hold acceptable insurance, I may be required to provide evidence that I held acceptable insurance while in New Zealand when applying for further visas.

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 this declaration

Signature of Principal Applicant  Date

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

Date

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