

AUCKLAND IMMIGRATION CONSULTANTS LIMITED
NZ IMMIGRATION COMPREHENSIVE ASSESSMENT FORM
Phone: 0210 8525 693
Email: info.e-migration@mail.com

All information received through this form will be treated strictest confidence and will not be passed on to any third party without your permission. The information gathered on this form will be used to assess your eligibility to meet your immigration objective.

Personal Details:

1.Name : _____

2.Date of birth: _____

3.List all country of citizenship held: _____

4.What is your immigration objective: _____

5.Your contact details

- Your physical address: _____
 - Your home phone number: _____
 - Mobile Number: _____
 - Work number: _____
 - Email address: _____
 - The name of the country in which your currently residing: _____
 - Your current visa type: _____
 - Which Visa are you planning to apply on this occasion: _____
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Family Details

6.Your marital status (if a de facto marital relationship, please indicate the nature of the relationship and its duration): _____

7. Details of everyone included in this application:

Principal Applicant

Full name: _____

Date of birth: _____

Nationality on passport: _____

Country of Citizenship: _____

Spouse /Partner

Full name: _____

Date of birth: _____

Nationality on passport: _____

Country of Citizenship: _____

Dependent child

Full name: _____

Date of birth: _____

Nationality on passport: _____

Country of Citizenship: _____

7. List each person to be included in this application, who is 17 years or older who has resided for 12 months or more cumulatively) over the past 10 years. _____

8. List any dependent children who is aged between 17 and 24 who will be included in this application and what sort of evidence may be provided in support of a claim of dependence. _____

9. Are all of your dependent children single and without children of their own? If not, please provide details. _____

Heath and Character

10. Details of any medical condition that you or anyone included in this application may suffer from that have likelihood of influencing a decision by Immigration New Zealand? _____

11. Details of any criminal convictions for any one included in this application. _____

Language

12. Is English your first language? Please confirm? _____

13. If English is not your first language, please advise whether or not if anyone included in this application (over 16 years) has set for IELTS test? Also confirm the score of the IELTS test. _____

Education and Qualification

Principal Applicant

Name of Qualification: _____

Date awarded: _____

Institution (including name of country): _____

Period of study (years/months): _____

Full time or part

time: _____

Name of Qualification: _____

Date awarded: _____

Institution (including name of country): _____

Period of study (years/months): _____

Full time or part

time: _____

Partner

Name of Qualification: _____

Date awarded: _____

Institution (including name of country): _____

Period of study (years/months): _____

Full time or part
time: _____

Name of Qualification: _____

Date awarded: _____

Institution (including name of country): _____

Period of study (years/months): _____

Full time or part
time: _____

If your qualification was obtained after an apprenticeship please provide the start and end dates of your apprenticeship (with months included).

Details of your and your spouse/partner's work experience (including current employment)

Country	Name of Employer	Position	Duration	Part time or Full time
Applicant				

Is there any other information that you feel may be beneficial in the assessment of your application?

Thank you for providing the requested information. We will contact you if further information is required for the assessment of New Zealand migration eligibility. Will keep you informed.
