



AMERICAN VISA SERVICE

53 W JACKSON BLVD, SUITE 1226, CHICAGO IL 60604

Tel: 312-922-8860

E-mail: INFO@AVSCHICAGO.COM

NZeTA Application for New Zealand

Applicant Details		
First Name:	Middle Name:	Last Name:
Previous Legal Name(s):		
Date of Birth (mm/dd/yyyy):	City & Country of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married
Current Nationality:	Previous Nationality:	

Eligibility Questions	
Will you be travelling to New Zealand for medical consultation or treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been deported, removed or excluded from another country (not New Zealand)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently prohibited from entering New Zealand following deportation in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of any offence (in any country)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an Australian permanent resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Travel Information	
Date of Entry:	Date of Departure:
Port of Entry:	Port of Exit:

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