



Wainui School

Est 1879

Section A: Applicant's details

A1 Applicant's name as shown in passport

Family/last name _____

Given/first name(s) _____

A2 Date Of Birth _____

A3 Passport Number _____

Section B – Details of insurance

B1 My insurance policy number is _____

B2 My insurance policy is issued by

Company/Organisation _____

Address _____

Section C – Student declaration

- I understand the questions and contents of this form, and the information I have provided is true and correct.
- I understand that a condition of any student visa granted to me is that I must hold acceptable insurance while I am in New Zealand.
- I understand that if the insurance policy I have provided details of above, is not valid for the length of my stay in New Zealand that I will be required to obtain further acceptable insurance covering the length of my stay, and I agree to meet this requirement.
- I understand that if I fail to hold insurance while I am in New Zealand for the length of my stay, I will be breaching a condition of my visa and may become liable for deportation, or may not be granted a further visa of any kind.
- I authorise INZ to make any enquiries it deems necessary in respect of the information provided on this form and to share this information with other Government agencies (including health service agencies and overseas agencies) to the extent necessary to make a decision about my immigration status.
- I understand that if I make any false statements, or provide any false or misleading information, my application may be declined, or I may become liable for deportation, and that I may be committing an offence and be liable to prosecution and imprisonment.

Signature of applicant _____ Date _____

- A parent or guardian may sign on behalf of a child under 18 years.