

新西兰签证

		新西兰签证
1.	个人资料表	申请者每人需清晰的填写个人资料表。（表格填写完整，比如父母已故的需要写已故，还有兄弟姐妹的出生年月日之类的都要填写完整） 1224 表格的签字页一定签名并扫描要完整
2.	护照	提供的护照自行程结束后必须有 6 个月以上有效期，护照末页必须黑色水笔本人签名（扫描为准，拍照的话不要有反光）
3.	照片	近半年内拍摄的2寸(3.5cmx4.5cm)白底彩照扫描件（不要有反光，清晰度高，不能过亮和过暗）。
4.	身份证	身份证正反扫描件 1 张（如果过期，请提供临时身份证复印件）
5.	户口本	全家整本户口簿扫描件 1 份（如配偶及子女的户口簿不在一本上，则需一并提供配偶及子女的户口簿整本扫描件）。
6.	结/离婚证	1.如已婚，提供 结婚证扫描件 ； 2.如离婚，提供 离婚证扫描件 ； 3.如证件遗失，请提供 遗失说明 。
7.	资产	A:存款证明需提供 扫描件 。（申请者每人至少 5 万元）， B:车产证和房产证扫描件等。如有尽量提供 C:近半年的工资银行卡流水单的扫描件。（在职人员需要提供）
8.	在职人员	1) 在职证明：用 单位抬头纸 ，盖 单位公章 、 领导签字 的 1 张的扫描件。 2) 单位营业执照复印件或企事业单位代码证复印件各 1 张， 加盖公章的扫描件 。 如果单位不予提供营业执照，需要用单位抬头写一份情况说明，单位盖公章，领导签字扫描件。
9.	退休人员	退休证扫描件。
10.	学生	学校准假信、学生证/学籍卡扫描件（非在校期间）
11.	未成年人 18 周岁以下	1) 父母同行，提供完整信息的出生证扫描件（如出生证上父母小孩信息有空白、姓名变更或其他变化， 必须去出生的医院盖更改章 ） 2) 若父母一方不随行，需提供不随行一方同意书并签字的扫描件 3) 父母一方带孩子且属于无业家庭主妇或自由职业人员出游，必须提供另一方的身份证扫描件和在职证明，营业执照及近半年工资流水单的扫描件
12.	有拒签史者	曾经有被任何国家拒签的客人，须写一份拒签说明信，写明拒签时间及其原因。 并必须提供近 6 个月的，银行卡对帐单或信用卡对帐单或存折扫描件或工资卡对帐单扫描件。
13.	注意事项	1) 领馆极有可能致电申请人核实情况，请签证申请人注意通信工具保持畅通，接听签证官电话请诚实友善的回答签证官的各类问题，关于自己行程的大致概况请申请人必须了解。 2) 不受理之前被澳洲或新西兰以“移民倾向”为理由而拒签的护照。 3) 如学生处于升学期间，请提供毕业证书扫描件及录取通知书扫描件（或准考证扫描件）。 4) 材料提供不齐全，会影响出签日期；请如实提供材料， 不得做假 ，如有不真实而造成拒签，我公司概不承担责任。 5) 领馆有可能要求做原件核实；签证处拥有对所提供材料进行核实的权利
14.	*****	我社会根据客人材料，追加材料，谢谢配合

新西兰 个人信息表

1. 申请人个人情况

签证国家(打勾)	<input type="checkbox"/> 澳大利亚 <input type="checkbox"/> 新西兰		*逗留日期	~			
姓名		性别		出生日期		婚姻状况	
现家庭住址						邮编	
家庭电话(区号)				*手机号码			
工作单位 (退休填退休前单位信息)	中文全称						
	英文全称						
单位地址				单位电话			
职务		月薪		入职时间			

2. 申请人旅游情况

是否在澳大利亚/新西兰有亲戚、朋友或联系人: 否 [] ; 是 [] (填"是"请如实填写以下各项)

只要提供此次申请签证国的相关信息

所在国家	姓名	关系	联系地址及邮编	联系电话	身份

以前赴澳大利亚/新西兰情况: 否 [] ; 是 [] (填"是"请提供最近1次详情)

只要提供此次申请签证国的相关信息

申请国家	申请日期	申请地点	签证类别	出境日期	入境日期

是否被哪些国家拒签过? 否 [] ; 是 [] (填"是"请如实填写以下各项)

申请国家	申请日期	申请地点	签证类型	拒签理由 (附申请人亲笔签名的详细拒签理由情况说明)

3. 家庭成员情况 如已故姓名必填; 兄弟姐妹为直系必填; 不清楚的填未知

关系	姓名	性别	出生年/月/日	出生地	婚姻状况	职业	是否同行
父亲							
现住地址							
母亲							
现住地址							
配偶							
现住地址							
兄弟姐妹							

现住地址							
兄弟姐妹							
现住地址							
兄弟姐妹							
现住地址							
子女							
现住地址							
子女							
现住地址							
子女							
现住地址							

申请人签名: _____ 日期: _____年__月__日

Inz1224 签名页

Access to health care while in New Zealand

I agree that if I am not entitled to free health care in New Zealand, I, or my sponsor, if applicable, will pay for any health care or medical assistance I may require in New Zealand.

Your privacy rights

Immigration New Zealand will not use or disclose the information provided in this application for any other purpose, unless such use or disclosure is required or permitted by law.

Under the Privacy Act 2020 you have the right to request access to all information held about yourself and to request correction of that information. Immigration New Zealand's privacy policy, and the process to make a request for your information is set out on the Immigration New Zealand website www.immigration.govt.nz/about-us/site-information/privacy.

Terms of use

The Terms of Use for Immigration Online are available on the Immigration New Zealand website www.immigration.govt.nz/about-us/site-information/terms-of-use/immigration-online.

Ongoing communication

I understand that the persons assisting with my application will continue to receive information from INZ about my application and communication will be provided via the online account from which the application is submitted.

I agree with the declaration

Signature of principal applicant Date

Signature of partner (if applicable) Date

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

Date

Signature of accompanying dependent children over 18 years of age (if applicable)

Child one Date

Child two Date

Child three Date

Child four Date

Section B: Authority to act with regards to your visa application, reconsideration application or variation of conditions application

To be completed if an immigration adviser, lawyer or another person exempt from the requirement to be licensed under the Immigration Advisers Licensing Act has recorded your information in the online form, will be submitting the online form on your behalf and will continue to act on your behalf throughout the processing of your application.

Note: Only a licensed immigration adviser or person exempt from licensing may act on your behalf throughout the application process. See www.immigration.govt.nz/adviserlicensing for more information about who is exempt from licensing.

I also authorise of

to submit my visitor visa application online and to act on my behalf with regards to the processing of that application.

Inz1224 签名示例如下:

Access to health care while in New Zealand

I agree that if I am not entitled to free health care in New Zealand, I, or my sponsor, if applicable, will pay for any health care or medical assistance I may require in New Zealand.

Your privacy rights

Immigration New Zealand will not use or disclose the information provided in this application for any other purpose, unless such use or disclosure is required or permitted by law.

Under the Privacy Act 2020 you have the right to request access to all information held about yourself and to request correction of that information. Immigration New Zealand's privacy policy, and the process to make a request for your information is set out on the Immigration New Zealand website www.immigration.govt.nz/about-us/site-information/privacy.

Terms of use

The Terms of Use for Immigration Online are available on the Immigration New Zealand website www.immigration.govt.nz/about-us/site-information/terms-of-use/immigration-online.

Ongoing communication

I understand that the persons assisting with my application will continue to receive information from INZ about my application and communication will be provided via the online account from which the application is submitted.

I agree with the declaration

Signature of principal applicant Date

Signature of partner (if applicable) Date

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

Date

Signature of accompanying dependent children over 18 years of age (if applicable)

Child one Date

Child two Date

Child three Date

Child four Date

Section B: Authority to act with regards to your visa application, reconsideration application or variation of conditions application

To be completed if an immigration adviser, lawyer or another person exempt from the requirements to be licensed under the Immigration Advisers Licensing Act has recorded your information in the online form, will be submitting the online form on your behalf and will continue to act on your behalf throughout the processing of your application.

Note: Only a licensed immigration adviser or person exempt from licensing may act on your behalf throughout the application process. See www.immigration.govt.nz/adviserlicensing for more information about who is exempt from licensing.

I also authorise of

to submit my visitor visa application online and to act on my behalf with regards to the processing of that application.

签名字和日期
(夫妻签一份上)

未满18周岁的
父母或监护人签字

18岁以上随行子女
签名字和日期

Inz1224 签名 section C 部分也需要签名:

I also authorise all other licensed immigration advisers or persons exempt from licensing who work for the organisation named above to act on my behalf.

Yes *Note: the person identified above will receive all communication from Immigration New Zealand.*

No *Only the person authorised above may act on my behalf.*

Signature of principal applicant Date

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

Date

Section C: Authority to submit your visa application, reconsideration application or variation of conditions application

To be completed if a person has assisted you by recording your information in the online form and will be submitting the form on your behalf. Note that unless that person is licensed or exempt from licensing, he or she cannot provide you with immigration advice or act on your behalf with regards to the processing of your application.

I also authorise of

to submit my visitor visa application online.

New Zealand Business Number (if applicable) For help search: www.nzbn.govt.nz

Signature of principal applicant Date

Inz1224 签名 section C 部分示例如下:

Section C: Authority to submit your visa application, reconsideration application or variation of conditions application

To be completed if a person has assisted you by recording your information in the online form and will be submitting the form on your behalf. Note that unless that person is licensed or exempt from licensing, he or she cannot provide you with immigration advice or act on your behalf with regards to the processing of your application.

I also authorise of

to submit my visitor visa application online.

New Zealand Business Number (if applicable) For help search: www.nzbn.govt.nz

Signature of principal applicant Date

80 周岁以上免责申明

我是_____ 现年____周岁。

现已按照新西兰上海签证处规定：“超过 80 周岁的申请人必须提供国际旅行健康检查证明书。”提供了国际旅行健康检查证明书。

我知道我的身体状况有可能不满足新西兰上海签证处的签证要求，所以我同意：如果我得知新西兰上海签证处对我的体检结果有疑问或要求复查时，为了不影响其他申请人，我愿意无条件取消我的申请并支付签证费用。

声明人：

日期：

此为样本，请按此格用带有贵公司中英文抬头的信纸打印

新西兰驻中国总领事馆：

XXX在我公司 XX 部任 XXX 职务，自 XXX 年起就在我公司任职，至今已有 X 年。现 XX 女士/先生决定 XXX 年 XX 月 XX 日前往 XXX，她/他将在 XXX 停留 X X 天。在 XX 女士/先生旅行期间一切费用包括全程机票，住宿，一日三餐，健康保险等由其自行承担。我公司保证 XXX 女士/先生在旅行期间遵守贵国法律，旅行结束后保证按时回国，并保留其职务到回国后。

XXX 女士/先生的月薪为 RMB XXX 元 /月。

申请人单位：

领导签字盖章：

联系电话：

日期：

此为样本，请按此格用带有贵公司中英文抬头的信纸打印

CERTIFICATE

DATE:

_____ P.R.China

Mr./Ms/Miss _____ is the _____ of the _____ Dept in our Corporation. He/She began to work in our corporation since _____. Now Mr./Ms/Miss _____ intends to travel to _____ in _____. He/She will stay in XXX for _____ days. All the expenses including the transportation, the accommodation, the meals and the health insurance will be furnished by himself/herself. We hereby guarantee that Mr./Ms/Miss _____ will comply with local and regulation during his/her stay in _____ and will also come back to China on time. Meanwhile we are willing to retain his/her position until he comes back.

The salary of Mr./Ms/Miss _____ is RMB _____ per month.

Company:

Signature:

Telephone:

Time:

此为样本，请按此格用带有贵校中英文抬头的信纸打印

准 假 信

新西兰驻中国总领事馆：

xxx 是 XXXXXXXX 学校学生，就读 XXXX 年级 xxx 班。此次利用暑假/寒假跟随其父母于 XXXX 年 xx 月 xx 日至 XXXX 年 xx 月 xx 日前往新西兰旅游，在旅游期间产生的所有费用均由其父母承担。

学校保证 xxx 学生在旅行期间遵守贵国法律，旅行结束后保证按时回国，并继续就学。

学校名称：

老师签名：

联系电话：

日期：

此为样本，请按此格用带有贵公司中英文抬头的信纸打印

Certification

xxx is a student in class xx in xxxxxxxx(学校名称).It's the summer vacation/winter vacation of our school from xx.xx.xxxx to xx.xx.xxxx(出国具体日期某年某月某日). He/she will travel to Australia and New Zealand during the holiday with his/her parents. All the cost and accommodations will be paid by his/her parents.

Hereby we guarantee the he/she will abide by the laws in the countries he/she is going to visit and will come back to China on schedule.

Please kindly release visa to him/her.

Yours sincerely;

School Name:

Signature(学校老师签名):

Tel:

Add:

Date



不随行一方同意信
xinxilan.doc

二、 父母其中一方或双方不随行同意信模板——新西兰团

80 周岁以上健康证样本

误(每5小时延误赔偿额:RMB300) Travel Delay(RMB300 for every 5 hours of delay)
误(每8小时延误赔偿额:RMB500) Baggage Delay(RMB500 for every 8 hours of delay)

变更
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通过本公司业务
08858 或向保险
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<http://www.aig.com>
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与投保人关
Relations

Issue Office: 浙江 Zhejiang
Issue Date 07/28/2016

美亚财产保险有限公司浙江

国际旅行
健康检查证明书
CERTIFICATE OF HEALTH EXAMINATION
FOR INTERNATIONAL TRAVELLER



中华人民共和国出入境检验检疫
ENTRY-EXIT INSPECTION AND QUARANTINE
THE PEOPLE'S REPUBLIC OF CHINA

80 周岁以上老人保险样本

(旅游目的地需要写明-新西兰, 并且医疗部分保额为 50 万以上即可)



redefining / service

安盛援助全球救援服务热线: +86 0512-80903048

电子保险合同 Insurance Policy Schedule

保单号码: 837901969105089846

保险产品名称 Insurance Plan:	众安“说走就走”境外旅行保险计划四 Zhongan "Shuozou Jiuzou" Overseas Group Travel Insurance Plan IV	
投保人 Policyholder:	许永春	
旅游目的地 Destination:	澳新	
保险合同期间 Period of Insurance Policy:	自2016年09月18日00时00分00秒起至2016年09月28日23时59分59秒止	
总保险费 Total Premium:	RMB 390 元	
	保险责任 Benefits	保险金额(人民币:元) Maximum Limit (RMB)
	意外身故及伤残(扩展承保高风险运动) Accidental Death & Disability(Extend to cover High-risk Activity)	800000.00
	电梯意外身故及伤残 Elevator Accidental Death & Disability	500000.00
	公共交通工具意外伤害双倍给付(不适用于未成年人) Common Carrier Double Indemnity(Not applicable to minor)	800000.00
	自驾意外伤害双倍给付(不适用于未成年人) Self-Drive Double Indemnity(Not applicable to minor)	800000.00
	突发性病身故 Acute Disease Death	100000.00
	意外和急性病医疗补偿(含门诊、住院医疗) Accidental and Sickness Medical Reimbursement(Inpatient and Outpatient inclusive)	500000.00
	紧急医疗运送和送返 Emergency Medical Evacuation and Repatriation	1000000.00
	身故遗体送返(丧葬费用以人民币16,000元为限) Repatriation of Remains (Funeral Expense Limited to RMB16,000)	1000000.00
	住院家属陪护津贴(最多赔偿10天) Hospitalization Family Attendance Allowance (Up to 10 Days)	1500元/天 Daily
	个人随身物品损失(其中:每件手机或平板电脑最高赔偿限额人民币1,000元;每件高尔夫设备最高赔偿限额人民币3,000元;每件/每套物品以人民币1,000元为限) Loss of Personal Belongings (Limit for each Cellphone or IPAD:RMB1,000;Limit for each Golf Equipment:RMB3,000;Max 1,000 RMB per item)	10000.00
	慰问探访 Compassionate visit	20000.00
	未成年子女逾期停留费用(被保险人须为成年人) Accompanying Minor Overdue Remaining(the Insured must be Adult)	5000.00
	未成年子女送返费用(被保险人须为成年人) Accompanying Minor Repatriation (the Insured must be Adult)	5000.00
	绑架及非法拘禁(最多赔偿20天) Kidnap & Illegal Detention(Up to 20 Days)	600元/天 Daily
	旅行变更 Trip Disruption	15000.00
	旅程延误(每延误4小时赔偿人民币500元) Trip Delay (500 RMB every 4 hours of Delay)	3000.00
	行李延误(每延误6小时赔偿人民币500元) Baggage Delay (500 RMB every 6 hours)	2000.00
	旅行证件盗抢 Loss of Travel Documents	10000.00
	银行卡盗刷(不适用于未成年人) Bank Card Fraudulent Charges(Not applicable to minor)	15000.00
	个人现金丢失 Loss of Personal Money	3000.00
	家庭财产损失 Loss of Family Property (每件/每套物品以人民币1,000元为限) Loss of Personal Belongings (Max 1,000 RMB per item)	5000.00
	高尔夫“一杆进洞”(不适用于未成年人) Golf "Hole in One" (Not applicable to minor)	10000.00
	个人责任 Personal Liability	1000000.00
	签证拒签补偿 Visa Refusal	2000.00
	备注Notes: 1、保险条款、投保单、保险单、批单或其他保险凭证,均为本保险合同的组成部分。All terms and conditions,application form, Insurance Policy, endorsements and other insurance certifications constitute the entire insurance policy.	

未满 18 周岁出生证明样本 (修改本信息和完整本信息样本)

出生医学证明 BIRTH CERTIFICATE

《出生医学证明》根据《中华人民共和国母婴保健法》制定；是在中华人民共和国境内出生人口的法定医学证明；由新生儿父母或监护人妥善保管，不得出卖、转让出借和私自涂改；申报出生登记时必须出示此证明。

“The Medical Certificate of Birth” is formulated according to “The law of the people’s Republic of China on Maternal and Infant Health Care”. It is a legal medical certificate of people born in the People’s Republic of China. It is taken care of by the Newborn baby’s father and mother or guardian. Can not be sold, lent or altered in private. And it is referred to upon civil registration.

新生儿姓名 **宋子昊** 男 女 出生日期 2009 年 11 月 08 日 13 时 42 分
 Full name of baby Male Female Date of birth Year Month Day Hour Minute

出生地 **江苏省苏州市张家港市杨舍乡** 出生孕周 39 周
 Place of birth Province City County (District) Township Gestation (week) Week

健康状况 **良好** 一般 差 体重 3000 克 身长 50 公分
 Health status Well Normal Weak Weight g Height cm

母亲姓名 **于姗姗** 年龄 30 国籍 **中国** 民族 **汉**
 Full name of mother Age Nationality Nationality

身份证号 **320582197912318547**

父亲姓名 **宋永乾** 年龄 28 国籍 **中国** 民族 **汉**
 Full name of father Age Nationality Nationality

身份证号 **320582198102125115**

出生地点分类 医院 妇幼保健院 家庭 其它
 Type of place General hospital MCH hospital Home Other

接生机构名称 **张家港市第一人民医院**
 Name of facility

出生证编号 **J 320381174** 签发日期 2009 年 03 月 26 日
 Birth certificate No Date of Issue Year Month Day

MINISTRY OF HEALTH OF THE PEOPLE'S REPUBLIC OF CHINA

签发机构 (盖专用章)
 Issuing organization (seal)

出生医学证明 BIRTH CERTIFICATE

《出生医学证明》根据《中华人民共和国母婴保健法》制定；是在中华人民共和国境内出生人口的法定医学证明；由新生儿父母或监护人妥善保管，不得出卖、转让出借和私自涂改；申报出生登记时必须出示此证明。

“The Medical Certificate of Birth” is formulated according to “The law of the people’s Republic of China on Maternal and Infant Health Care”. It is a legal medical certificate of people born in the People’s Republic of China. It is taken care of by the Newborn baby’s father and mother or guardian. Can not be sold, lent or altered in private. And it is referred to upon civil registration.

新生儿姓名 **周亦佳** 男 女 出生日期 2002 年 05 月 24 日 20 时 50 分
 Full name of baby Male Female Date of birth Year Month Day Hour Minute

出生地 **上海市黄浦区** 出生孕周 39 周
 Place of birth Province City County (District) Township Gestation (week) Week

健康状况 **良好** 一般 差 体重 3210 克 身长 49 公分
 Health status Well Normal Weak Weight g Height cm

母亲姓名 **凌澄瑛** 年龄 29 国籍 **中国** 民族 **汉**
 Full name of mother Age Nationality Nationality

身份证号 **3101021972121133220**

父亲姓名 **周峰** 年龄 29 国籍 **中国** 民族 **汉**
 Full name of father Age Nationality Nationality

身份证号 **310102720616441**

出生地点分类 医院 妇幼保健院 家庭 其它
 Type of place General hospital MCH hospital Home Other

接生机构名称 **黄浦区妇幼保健院**
 Name of facility

出生证编号 **B 310101589** 签发日期 2002 年 05 月 31 日
 Birth certificate No Date of Issue Year Month Day

MINISTRY OF HEALTH OF THE PEOPLE'S REPUBLIC OF CHINA

签发机构 (盖专用章)
 Issuing organization (seal)
 上海市黄浦区妇幼保健院

居住证明 样本 (家庭主妇。自由职业需要开具)

居住证明

[redacted], 性别 [redacted] 身份证号 [redacted],
居住于现代城社区 [redacted] 室。
特此证明。

注:此证明仅限澳大利亚领事馆,
用于旅行签证使用。



下城区文晖街道现代城社区

2016年 9 月 18 日