



Asian And Philippine

IMMIGRATION ASSISTANCE NEW ZEALAND
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PRELIMINARY ASSESSMENT QUESTIONNAIRE

Instructions: Fill up this form with true and correct information, read and agree/sign the declaration at the bottom, then send back to the above email address. You may also print this out, write the answers in black ink, block letters, then scan and email back to the above email address.

Personal Details

1. First name:		2. Middle name:		3. Last name:	
4. Date of Birth (day/month/yr):			5. Age:		6. Sex (male, female):
7. Country of Birth:			8. Marital Status: (Choose from - Never Married/Single, Married, Separated, Divorced, Widowed, Partnership/live-in)		
9. Religion:					
10. Main Citizenship/Nationality:				11. Other Citizenships if any:	

Contact Details

12. Home Address in home country:					
Postcode:		Phone:		Mobile:	
13. Work Address:					
Postcode:		Phone:		Mobile:	
14. Your address if you are in New Zealand now:					
Postcode:		Phone:		Mobile:	
15. Email Address:			16. Alternate Email Address:		
17. If you are not living at your home address (no. 12 above), and if you are not in New Zealand, what is your current residential address?					

Family Details

<i>Children</i>	Number of Children	Male:	Female:	Ages:
Citizenship/Nationality(s):				
Do you or your spouse/partner have any children, brother, sister, or parent who is a citizen or resident of New Zealand? (Yes or No) If yes, how many years have they been resident and/or citizen combined?				

Education

Education: State any and all qualifications finished (Courses, or Certificates, or Diplomas, or Degrees, or Masters)			
Name of Course/Degree/Certificate Completed	Name of School/College and Address	Date Started (month/year)	Date Completed (month/year)

Present Employment

Occupation:		Date started:		Phone(s):	
Company Name and Address:					
Your Main Tasks:					
How long in present job:			Do you hold an occupational license or registration? (Yes or No):		
If yes, what occupation:					

Name of issuing authority:	Date Issued:
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Are you self-employed? (Yes or No):

If yes, name on business registration papers:

Nature of Business:	Number of Employees:
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Past Employment (add pages if necessary)

Employment details since leaving school: (Include only those for which you can obtain certificates of employment when asked for.)

From/To (Month/Year)	Name and Address of Employer	Type of Business	Your Position	Reason for Leaving

Language Details

Do you speak English? (Choose from: Speak well/ Fair/ Little/ No): Have you taken the IELTS exam? (Yes or No):

If Yes, General or Academic IELTS: Date exam was taken:

Your score in all areas	Reading:Writing:	Speaking:	Listening:	Overall Band Score:
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Passport Details

Passport Number:	Place of Issue:
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Date Issued:	Valid Until:
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If you have been in countries apart from your country of citizenship in the past 10 years, please list them here and the dates you were there:

If you are now in New Zealand, what visa type are you holding? Expiry Date:

If you had previously applied for a New Zealand visa, pls state what visa, when, and outcome(s)?

SPOUSAL/PARTNER/FIANCÉ DETAILS

1. Given name/s:	2. Middle name:	3. Last name:
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4. Date of Birth (day/month/yr):	5. Age:	6. Sex (male, female):
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7. Country of Birth:	8. Religion:	9. Citizenship/Nationality(s):
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10. Current residential address if different from yours:

11. Email Address:

12. Does your spouse/partner/fiancé have any children of his/her own? (Yes or No) If Yes, how many? Age range:

13. If your spouse/partner/fiancé have been in countries apart from your country of citizenship in the past 10 years, please list them here and the dates he/she was there:

14. Has your spouse/partner/fiancé previously applied for a New Zealand visa? (Yes or No)
If Yes, pls state what visa, when, and outcome(s) or result?

15. Has your spouse/partner/fiancé previously applied for a visa to any other country apart from New Zealand? (Yes or No)
If Yes, pls state what visa, when, and outcome(s) or result?

16. If he/she is now in New Zealand, what type of visa is he/she holding?		Date Visa expires:		
Education of your spouse/partner: Write below the name all qualifications finished (Courses, or Certificates, or Diplomas, or Degrees, or Masterals)				
Name of Course/Degree/Certificate Completed	Name of School/College and Address	Date Started (month/year)	Date Completed (month/year)	
Employment details of your spouse/partner since leaving school including current employment: (Include only those for which you can obtain certificates of employment when asked for at a later date).Add extra page as necessary.				
From/To (Month/Year)	Name and Address of Employer	Type of Business	Position	Reason for Leaving
Does your spouse/partner speak English? (Choose from: Speak well/ Fair/ Little/ No):				
Has your partner/spouse taken the IELTS exam? (Yes or No):		If Yes, General or Academic:		
Date exam was taken:		Overall Band Score:		
His/her score in all areas:	Reading:	Speaking:	Listening:	Writing:
Spousal/Partner Passport Number:		Place of Issue:		
Date Issued:		Valid Until:		
If your spouse/partner is now in New Zealand, what visa type is she/he holding?				

Other Details

How did you find out about this agency? (Friend/ Relative/ Internet/ Other [specify]):
Describe any health problems that you have now, or have had in the past, if any:
Have you ever been convicted, or been imprisoned, or has a criminal case been filed against you? If so, please describe briefly:
Have you been involved in terrorist activities? (Yes or No):
Do you intend to start or acquire a business in New Zealand? Yes ___ No ___ If yes, how much financing are you willing to commit to the business? US\$ _____ or NZ\$ _____

Declaration (Please Read Carefully):

I declare that all the information provided in this application is true and correct. I understand that if I make any false statements, provide any false or misleading information, or omit to provide any relevant information, that I may be committing an offense and be liable to prosecution. I understand that this pre-assessment questionnaire is solely for the use of Asian And Philippine Immigration Assistance (NZ) Ltd. I further understand that all information provided shall be kept in confidence in accordance with the Privacy Act 1993.

Agree (Write "yes" to agree):	Submit Date:
Print Name:	Signature (Only if completed in ink):