

This form accompanies your application for a Visitor's Visa or Permit.

**1** I am the person requiring medical treatment, my surname or family name as shown in my passport or travel document is:

**2** My first or given names are:

**3** The type of medical treatment or consultation I require in New Zealand is:

**4** The name and address of my New Zealand doctor/consultant/specialist/hospital is:

**5** The date of my appointment(s) or admission to hospital is:     
day month year

**6** I have provided the following evidence of the arrangements I have made to cover the costs of my treatment:

**7** I expect my medical treatment in New Zealand to take:

I understand the questions in this form and the information I have given is true and complete.

Signature of applicant

day month year

## Matters required by Privacy Act

The information about you on this form is collected to determine your eligibility for a Visa or Permit.

The main recipient of the information is the New Zealand Immigration Service of the Department of Labour but it may also be shared with other Government agencies, which are entitled to this information under applicable legislation.

The address of the New Zealand Immigration Service is PO Box 3705, Wellington, New Zealand.

The collection of the information is authorised by the Immigration Act 1987 and the Immigration Regulations 1991. The supply of the information is voluntary, but if you do not supply it then your application is likely to be declined.

You will, if you come to New Zealand, have a right to access the information about you held by New Zealand Immigration Service and to ask for any of it to be corrected if you think that is necessary.

I understand the questions in this form and the information I have given is true and complete.

Signature of applicant

day month year

Office Seal