

# APPEAL TO THE REMOVAL REVIEW AUTHORITY



Office use only

Appeal No

(Under Section 47 of the Immigration Act 1987)  
This form has been approved under Section 132(1) of the Immigration Act 1987.

## IMPORTANT

- This form must be completed in English.
- If your answers will not fit in the space provided, please continue on a separate sheet of paper.
- Making false or misleading statements constitutes an offence under Section 142 of the Immigration Act.
- This form is free, but you must pay the appeal fee. The Authority cannot consider your appeal if the fee is not paid.
- Any documents supplied to the Authority should be certified copies other than medical evidence which **MUST** be original.
- The Authority must receive your appeal within the 42 day time limit.

## Principal Applicant's Details

1. Your name as shown in your passport or travel document?

Family:

Given:

2. List any other names you are known by:

3. Your sex?

Male

Female

Your date of birth?

day month year

4. List the names of any dependent children included in this appeal who are under 17 years of age, and unmarried:

Full name	Place of birth	Date of birth	Date of Arrival in New Zealand	Date final permit expired

5. Your country of birth?

6. List all the countries of which you are a citizen.

7. Provide the following details from your passport or travel document:

(if you hold any other passports or travel documents also add those details here)

Serial number	Expiry date	Country of issue

8. In which countries do you have the right of residence?

9. Your partnership status?

Never married

Married

Engaged

Separated

Divorced

Widowed

De Facto

**You should provide appropriate evidence as applicable (eg, marriage certificate, divorce papers, spouse's death certificate, separation papers, supporting evidence of your engagement or de facto partnership).**

10. (If applicable)

What is your partner's full name and address?

Name:

Address:

**11. (If applicable)**

If your partner is in New Zealand, tick the immigration status which applies to them:

(1) New Zealand citizen  (2) New Zealand residence permit holder

(3) Other

(If Other, please specify)

If you ticked (1) or (2) you must supply evidence of your partner's New Zealand citizenship or residence status. If you ticked (3) state what type of permit is held, or why your partner is exempt from permit requirements, or the date your partner's permit expired.

**If you wish to rely on the support of your partner in this appeal, you should attach a letter of support signed by your partner.**

**12.** What date did you arrive in New Zealand?

day	month	year

**13.** When you arrived in New Zealand, what type of permit were you granted (eg; visitor's, work, student or limited purpose permit) and to which date was it valid?

Type of permit:	Date permit valid to:
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**14.** What date did your final permit expire?

day	month	year

**15.** What is your usual address in your home country? Please provide your full address.


**16.** Where can you be contacted by the Removal Review Authority? State your current residential address, telephone and fax numbers in New Zealand. (Note: This should **not** be your representative's address or telephone/fax numbers)

**Please Note: If your address changes, you must inform the Removal Review Authority in writing.**

Address:	Day phone:
	Night phone:
	Fax:

**17.** Have you ever been deported or removed from any country, including New Zealand? YES  NO

If 'YES' provide the details of each deportation or removal below:

Country deported or removed from	Date of deportation/ removal	Reason

**18.** Have you ever lodged an appeal to the Deportation Review Tribunal (DRT)? YES  NO

If 'YES', please provide details

Date appeal lodged with DRT	Outcome









# Declaration of representative/interpreter/responsible adult

ANYONE WHO HELPS YOU COMPLETE YOUR APPEAL FORM **MUST** COMPLETE THIS SECTION.

27. I have helped the appellant complete this form in the capacity of:

Representative  Interpreter  Responsible adult

I certify that the appellant understood the content of the form and answers given, and approved them before signing the declaration.

Name:	
Address:	
Telephone: ( )	Fax: ( )

I understand that after the appellant has signed this form that it is an offence to alter or enter further information on it, or attach any further material to it, unless the person making the alteration or addition states on the form what information or material has been altered or attached, why and by whom. I understand that the maximum penalty for this offence is a fine of up to NZ\$100,000 and/or a term of imprisonment of up to 7 years.

**The appellant (or, in the case of a dependent child, the responsible adult) has fully understood the contents of the appeal and has approved the answers given before signing the Declaration of Appellant section below.**

Signature of representative/interpreter/responsible adult

Date:   
day month year

## Privacy Act 1993

28. The information that you provide is collected to enable the Removal Review Authority to determine your appeal. The main recipient of the information is the Removal Review Authority. However, this information must by law be given to the Department of Labour to allow it to comment on your appeal if it wishes and may be shared with other Government agencies which are entitled to it under applicable legislation, or in accordance with an authority in this form.

As a Tribunal, in terms of the Privacy Act 1993, and in relation to its judicial functions, the Removal Review Authority is not obliged to release the appeal file or any part of it, including any information, documents or material received by the Removal Review Authority.

## Declaration of Appellant

**THIS SECTION MUST BE SIGNED BY THE APPELLANT**

29. I **authorise** the Removal Review Authority to make any enquiries it considers necessary in respect of the information provided on this form and to disclose it for that purpose, and to share this information with other Government agencies which are entitled to it under applicable legislation. I also consent to any organisation or individual providing relevant information to the Removal Review Authority about me if requested.

I, \_\_\_\_\_  
(Full name of appellant)

of \_\_\_\_\_  
(Full New Zealand residential address)

knowing that it is an offence under the Immigration Act 1987 to make a declaration that is false in any particular, I hereby declare that the contents and answers in this form (**including the answers to questions 17, 18, 19 and 20**) are true and correct.

I make this declaration conscientiously believing the same to be true.

Signature of appellant

Date:   
day month year

# Checklist

Have you:

- Answered all the relevant sections of this appeal form
- Provided your full New Zealand residential address
- Provided your representative's name, address, telephone and fax numbers
- Provided the Removal Review Authority with all the information you want it to take into account when considering your appeal
- Enclosed the correct fee
- Provided where applicable certified copies of relevant documents as evidence (eg: marriage/divorce/birth/adoption/death certificates, passport/s, citizenship papers)
- Provided where applicable original documentation of any medical reports, references and letters of support
- Read and understood the whole form
- Signed and dated the Declaration of Appellant section on this form

**This form and the fee must be received by the Removal Review Authority, P.O. Box 1674, Wellington, or filed at its Wellington street address (70 The Terrace, Wellington). Your appeal must be received within 42 days after the date you became unlawfully in New Zealand, or if while in New Zealand lawfully you have applied for reconsideration of a decision to decline you a temporary permit, within 42 days of the date on which you received confirmation of that decline decision.**

**Appellants should be aware that the Removal Review Authority may publish appeal decisions on its website at [www.removalreviewauthority.govt.nz](http://www.removalreviewauthority.govt.nz). The published decisions will have the names of appellants and identifying information removed as far as practicable.**

If you need further information, please telephone or fax the Removal Review Authority on the numbers below:

Telephone: (04) 915 4274

Fax: (04) 915 6390

Website: [www.removalreviewauthority.govt.nz](http://www.removalreviewauthority.govt.nz)