

# G.E.M.S International New Zealand Immigration & Education Services

Level 1, 527 Sandringham Road, Sandringham, Auckland 1025, New Zealand

Mobile: +64 22 178 6007 Office: +64 22 675 4001 Email: gems.international@gmail.com Web: www.gemsimmigration.com

## **INITIAL CONSULTATION FORM &/or Skilled Migrant Category {SMC} Asmt.**

**First Names:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Marital status:** \_\_\_\_\_ **Number of children:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Passport No.:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Current Visa Type:** \_\_\_\_\_ **Issuing Country:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Emergency Contact Name, location & number:** \_\_\_\_\_

**Educational Details:** [  ] **Principal Applicant** [  ] **Partner** (Fill separate form for each)

Level & Course Name	Institution/College/University & Location/Country	Start Date mm/yyyy	Completion Dt mm/yyyy	Percentage /Division
Year 10				
Year 12				
Diploma				
Bachelor				
Master				
Others				

**English Language, attach test results copy, (IELTS / PTE / TOEFL, others):**

<b>Date Appeared:</b>		<b>Overall Score:</b>	
<b>Listening :</b>	<b>Reading:</b>	<b>Writing:</b>	<b>Speaking:</b>

**Employment Details: (Please indicate complete details and use extra sheet if required)**

(dd/mm/yy) (dd/mm/yy)

From Date	To Date	Position / Designation	Company Name & Address →	Email & contact details

**Travel and Visa History:**

<b>Have you been to any other countries before?</b>			→	YES	NO
<b>(If Yes, then complete the following)</b>			→		
Country Visited	Duration of Stay	From: / /..... To: / /.....			
Country Visited	Duration of Stay	From: / /..... To: / /.....			
Country Visited	Duration of Stay	From: / /..... To: / /.....			
Country Visited	Duration of Stay	From: / /..... To: / /.....			
Country Visited	Duration of Stay	From: / /..... To: / /.....			
Country Visited	Duration of Stay	From: / /..... To: / /.....			
Purpose of Visit:					
<b>Any Previous Visa Refusal?</b>			→	YES	NO
<b>(If Yes, then provide the refusal letter/s)</b>			→		
Refusal Country	Date Refused				
Type of Visa application:					
Reason/s for Refusal:					
Refusal Country	Date Refused				
Type of Visa application:					
Reason/s for Refusal:					
Refusal Country	Date Refused				
Type of Visa application:					
Reason/s for Refusal:					
Refusal Country	Date Refused				
Type of Visa application:					
Reason/s for Refusal:					
Refusal Country	Date Refused				
Type of Visa application:					
Reason/s for Refusal:					
Refusal Country	Date Refused				

**Please circle the answer that is applicable to you and/or arrange accordingly:**

Pls enter your online account with INZ details if available below:	Yes / No / N/a
Log in id: _____ Password: _____	
Pls note your INZ client number if available:	Yes / No / N/a
Do you have any criminal record:	Yes / No / N/a
Do you have any close relatives in New Zealand:	Yes / No / N/a
Do you have any health/medical issues:	Yes / No / N/a
Do you have sufficient funds to relocate to New Zealand:	Yes / No / N/a
Please attach your passport copy (photo+address pg+current visa page (if applicable)):	Yes / No / N/a
Please attach all your academic certificates and marksheets/transcripts copies:	Yes / No / N/a
Please attach all your past work experience/reference letters excluding current employer:	Yes / No / N/a
Please attach letter of disengagement from your previous lawyer/adviser for NZ if any	Yes / No / N/a
Please attach evidence of service fees payment made to GEMS International	Yes / No / N/a
How did you hear about us → Google/Facebook/Website or through _____	

**Imp. Note: All supporting documents should be in .pdf format with appropriate file name to each one of them. Please open a 2GB free [www.dropbox.com](http://www.dropbox.com) account with your credentials and upload all required documents there including completed, signed and scanned copy of this form in a separate folder having your name and SHARE this folder from dropbox.com with myvisadox@gmail.com, All documents requested must be sent via Dropbox, Courier or Hand delivered at our office, please DO NOT email or send zig-zag mobile photos of your documents to us. All documents must be SCANNED on Scanner or using Cam scanner Mobile App.**

**Terms & Conditions/Declaration for initial consultation/registration are as follows:**

1. To discuss any queries whatsoever that you may have regarding your immigration matter, as the first step, you must book an initial consultation with us to discuss further. For consultation, any time up to one hour, a minimum of \$250 per hour, is payable in advance for consultation in person, over the telephone or on Skype. After one hour, consultation fees will be charged for a minimum 15 mins slots (i.e. \$50 for any time up to 15 mins). Initial consultation appointment can only be booked/confirmed after we have received the completed ICF and fees deposit confirmation.
2. If you would like us to prepare a formal SMC eligibility assessment report for you, our assessment fees are \$750 per assessment/per principal applicant, subject to receiving all the necessary documents from your side and fees deposit confirmation.
3. The advice we will provide during the initial consultation, will be based on the information you have provided us, and current immigration legislation prevailing at that time and should not be treated as a guarantee of any type. Booking an initial consultation does not make it mandatory for us to take up your case in any way and is at our sole discretion.
4. By registering with G.E.M.S International, you give us the unconditional Authority to Act on your behalf for all relevant matters and have full access to all your paperwork/documentation/online accounts, during the whole process and retain copies for our records. You also authorise us to disclose/share any of your personal information, documentation etc., with our associates, third parties or government authorities if required for this or any relevant purpose and allow them to retain copies if required.
5. You also agree to receive emails/phone calls/text messages/audio-video messages through various modes of communication, including social media.
6. All our fees are payable to **GEMS International, Auckland, ANZ Bank New Zealand Ltd., account number 06-0709-0462106-01**, through bank remittance, wire transfer or internet banking, quoting your name in reference. SWIFT code ANZBNZ22 or IFSC code ANZB0000001
7. You also agree that all information you have provided with this form and which you may/will provide in the future is genuine, true, and correct to the best of your knowledge.
8. As per our company policy, any fees once paid towards initial consultation, or any assessment cannot be refunded for any reason whatsoever.

Fees Quoted: \_\_\_\_\_ For Type of Work: \_\_\_\_\_

**Legal Disclaimer:** All advice provided during initial consultation and all representations made on your behalf at any stage during the whole process, will be in good faith and does not make G.E.M.S International or Amir Poonawala, liable in any way whatsoever.

I Mr/Ms/Mrs \_\_\_\_\_ have read and understood the above terms and conditions for my/our initial consultation and in agreement thereof have put my/our signature/s below:

Consultation Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Payment Due: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place