

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

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INITIAL CONSULTATION FORM (ICF)

Name: _____

Current Address: _____

Home Country Address: _____

Email Address: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Marital status: _____ Number of children: _____ Date of Divorce: _____

Current Visa Type: _____ Issuing Country: _____ Expiry Date: _____

Passport No.: _____ Place of Issue: _____ Expiry Date: _____

Nationality: _____ Mobile No.: _____ Landline No.: _____

Date when you first arrived in NZ (if applicable): _____

Please kindly tick the Immigration Service you would like to avail now:

- General Initial Consultation → \$250/- phr payable in advance before consultation starts.
- Biz / Investor Consultation → \$350/- phr payable in advance before consultation starts.
- Any eligibility assessment → \$750/- onwards, per assessment, pls ask for a quote.

Please tick the type of visa you wish to apply for:

- General Visitor Visa Student Visa Working Holiday Visa Work Visa Post Study
- Transit Visa Work Visa (AEWV) Work Visa (Biz Cat.) EOI / Res. Visa (SMC)
- Partnership Visitor Visa Partnership Work Visa Partnership Resident Visa
- Refugee Family Sup Cat.T1 Section 61 request Residence Visa (Other categories)
- Parent Grandparent Visitor Visa Investor Categories Other Category _____

Please tick the answer that is **APPLICABLE** to you:

Have you travelled to New Zealand before:	Yes / No / N/a
Do you have qualifications relevant to your current job:	Yes / No / N/a
Do you have experience relevant to your job:	Yes / No / N/a
Do you have an online account with INZ and your INZ number:	Yes / No / N/a
Log in id: _____ Password: _____	
Do you have any criminal record worldwide:	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 speak good English:	Yes / No / N/a
Do you have a current job offer in New Zealand:	Yes / No / N/a
Do you have sufficient funds to relocate to New Zealand:	Yes / No / N/a
Please attach your updated CV & photograph to this form:	Yes / No / N/a
Please attach copies of first, last and all pages bearing any stamp of your passport	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 consultation fee payment made to GEMS International	Yes / No / N/a
Any previous visa rejections for any country, pls provide full details/list of countries:	Yes / No / N/a
How did you hear about us → Google/Facebook/Website or through	

Please list below all queries that you would like to address during our initial consultation:

Please provide any other important information if any which may affect your application:

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

1. For Initial Consultation any time up to one hour, a minimum of \$250/- 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 minutes 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 necessary payment.
2. We are not responsible for the time lost if you arrive late or don't show-up for your appointment and you agree to pay our consultation fees for the time your appointment was actually booked with us. You must call us at least 24hrs prior if you would like to reschedule or cancel your appointment. If you don't call us within this time frame or call us last minute, we may forfeit your consultation fees due to no show.
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 and third parties for this 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 must be deposited into **GEMS International, Auckland, ANZ Bank New Zealand Ltd., account number 06-0709-0462106-01**, through bank remittance, western union 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 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/assessment/s 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 Merchant, liable in any way whatsoever.

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

Consultation Start Time: _____ End Time: _____ Payment Due: _____

Signature Date Place