## 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 i	n NZ (if applicable):			
Please kindly tick the Immig	ration Service you would like	to avail now:		
[ ] General Initial Consultati	on → \$199/- phr payable in a	dvance before consultation starts.		
[ ] Biz / Investor Consultation	on → \$299/- phr payable in ac	dvance before consultation starts.		
[ ] Various eligibility assess	ment/s → \$499/- onwards, pe	er assessment, pls ask for a quote.		
Please tick the type of visa y	ou wish to apply for:			
[ ] Visitor Visa [ ] Student \( \)	Visa[]Working Holiday Visa	a [ ] Work Visa (Post Study Open)		
[ ] Work Visa (Essential skill	s) [ ] Work Visa (Biz categor	ies) [ ] Partnership Temporary Visa		
[ ] EOI/Resident Visa (SMC)	「 1 Residence Visa (Partnersl	hip) [ ] Refugee Family Sup Cat. T1		
[ ] Residence Visa (Other categories) [ ] Section 61 req. [ ] Investor Categories [ ] Other				
Please tick the answer that is		[ ] investor outegories [ ] other		
Have you travelled to New Zealar		Yes / No / N/a		
Do you have qualifications relevant		Yes / No / N/a		
Do you have experience relevant		Yes / No / N/a		
•	•	Yes / No / N/a		
Do you have an online account w Log in id:	The INZ and your INZ number:  Password:			
Do you have any criminal record:	เ สออพบเน.	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		
20 you have any nealth/medican	J0400.			

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	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:

- For Initial Consultation any time up to one hour, a minimum of \$199/- 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 or turn-up late for your appointment and you agree to pay our consultation fees from the time your appointment was actually booked with us.
- 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:	
your behalf at any stage		sultation and all representations made on will be in good faith and does not make way whatsoever.
understood the above ter	ms and conditions for my/ot my/our signature/s below:	have read and bur initial consultation/registration and in
Consultation Start Time:	End Time:	Payment Due:
Signature	 Date	 Place