

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

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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):

Date Appeared:		Overall Score:	
Listening :	Reading:	Writing:	Speaking:

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:

Have you been to any other countries before? →			YES	NO
(If Yes, then complete the following) →				
Country Visited	Duration of Stay	From: / /..... To: / /.....		
Country Visited	Duration of Stay	From: / /..... To: / /.....		
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Country Visited	Duration of Stay	From: / /..... To: / /.....		
Country Visited	Duration of Stay	From: / /..... To: / /.....		
Country Visited	Duration of Stay	From: / /..... To: / /.....		
Purpose of Visit:				
Any Previous Visa Refusal? →			YES	NO
(If Yes, then provide the refusal letter/s) →				
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 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, or email them to myvisadox@gmail.com . All documents must be SCANNED on Scanner or using Cam scanner Mobile App.

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. 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. 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.
4. 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.
5. 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.
6. You also agree to receive emails/phone calls/text messages/audio-video messages through various modes of communication, including social media.
7. 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**
8. 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.
9. 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 Poonawala (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