#### **G.E.M.S International**

### **New Zealand Immigration & Education Services**

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# INITIAL CONSULTATION FORM &/or Skilled Migrant Category (SMC) Asmt.

<u>First Names:</u>	La	Last Name:			
Current Addre	ss:				
Permanent Ad	dress:				
Date of Birth:	Age:				
Marital status:	Marital status:Number of children:				
Nationality:	Nationality: Passport_No.: Expiry Date:				
Current Visa Type: Issuing Country:		Ex	piry Date:		
Mobile No.:	Email address:				
Emergency Co	ntact Name, location & number:				
<b>Educational</b>	Details: [ ] Principal Applicant	[] <mark>Partner</mark> (	Fill separate form	<mark>n for each</mark> )	
Level &	Institution/College/University &	<mark>Start Date</mark>	Completion Dt	<b>Percentage</b>	
Course Name	Location/Country	mm/yyyy	mm/yyyy	<mark>/ Division</mark>	

Year 10		
Year 12		
Diploma		
Bachelor		
Master		
Others		

#### English Language (IELTS / PTE / TOEFL, others):

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

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

From Date	To Date	Position / Designation	Company Name & Address	Manager Name/Tel/Email

## **Travel and Visa History:**

	any other countries before	?			
(If Yes, then com	<mark>plete the following)</mark>			YES	NO
Country Visited		Duration of Stay	From: / /.	То: /	/
Country Visited		Duration of Stay			
<b>Country Visited</b>		Duration of Stay			
<b>Country Visited</b>		Duration of Stay			
Purpose of Visit:					
Any Previous Vis					
<mark>(If Yes, then prov</mark>	<mark>ide the refusal letter/s)</mark>			YES	NO
<b>Refusal Country</b>		Date Refused			
Type of Visa appl					
<b>Reason/s for Refu</b>	ısal:				
<b>Refusal Country</b>		Date Refused			
Type of Visa appl	ication:	•			
<b>Reason/s for Refu</b>	isal:				
<b>Refusal Country</b>		Date Refused			
Type of Visa application:					
Reason/s for Refu	ısal:				
<b>Refusal Country</b>		Date Refused			
Type of Visa application:					
<b>Reason/s for Refu</b>	ısal:				
<b>Refusal Country</b>		Date Refused			
Type of Visa application:					
<b>Reason/s for Refu</b>	Isal:				

#### Please circle the answer that is applicable to you:

Your online account with INZ and your INZ number (if available):	Yes / No / N/a
Log in id: Password:	
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 speak good English (Pls attach your IELTS certificate if available)	Yes / No / N/a
Do you have a current job offer in New Zealand (Pls attach copy of your full contract):	Yes / No / N/a
Do you have sufficient funds to relocate to New Zealand:	Yes / No / N/a
Please attach your & spouse updated CV & photograph to this form:	Yes / No / N/a
Please attach copies of all pages bearing stamp of your passport + current visa page	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 $\rightarrow$ 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 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 gems.international@gmail.com, please DO NOT email or send mobile photos of your documents unless requested. All documents must be SCANNED on scanner.

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

- 1. For Initial Consultation any time up to one hour, a minimum of \$200/- is payable in advance for consultation in person, over the telephone or on Skype/WhatsApp. 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.
- We are not responsible for the time lost if you arrive or turn-up late for your appointment and you agree to pay our 2. consultation fees from the time your appointment was actually booked with us.
- If you would like us to prepare a formal skilled migrant category eligibility assessment report for you, our service fees for 3. the same is \$750/-, per principal applicant, for New Zealand, payable in advance.
- The advice we will provide during the initial consultation, will be based on the information you have provided us and 4. 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, third parties or government authorities if required for this or any relevant 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.
- All our fees are payable to GEMS International, Auckland, ANZ Bank New Zealand Ltd., account number 06-7. 0709-0462106-01, through bank remittance, wire transfer 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 which you may/will provide in the future is genuine, true and correct to the best of your knowledge.
- As per our company policy, any fees once paid towards initial consultation or any assessment cannot be refunded for 9. any reason whatsoever.

Fees Ouoted: 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: \_\_\_\_\_

Place