



TO BE FULLY COMPLETED

TRAVELLER INFORMATION

NAME		
FIRST NAME		
BIRTHDATE		
NATIONALITY		
CITY AND COUNTRY OF BIRTH		
OCCUPATION		
PASSPORT NUMBER		
DELIVERY PLACE		
DELIVERY DATE		
EXPIRY DATE		

DO YOU HAVE ANOTHER PASSPORT? IF YES, PLEASE TELL US:

PASSPORT NUMBER		
DELIVERY PLACE		
DELIVERY DATE		
EXPIRY DATE		
NATIONALITY OF SECOND PASSPORT		

DETAILS

HOME ADDRESS (IN FULL WITH PHONE NUMBER)

REGION	
MOBILE PHONE	
EMAIL	

INFORMATION ON YOUR STAY IN NZ

ACCOMODATION IN NZ (IN FULL WITH PHONE NUMBER)

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DATES OF YOUR STAY

ARRIVAL IN NZ	
DEPARTURE FROM NZ	

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