G.E.M.S International

New Zealand Immigration & Education Services

Level 1, 527 Sandringham Road, Sandringham, Auckland 1025, New Zealand

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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	d in NZ (if applicable):	
Please kindly tick the Immi	gration Service you would like	to avail now:
[] General Initial Consulta	ation → \$150/- phr payable in a	dvance before consultation starts.
[] Biz / Investor Consulta	tion \rightarrow \$200/- phr payable in a	dvance before consultation starts.
Please tick the type of visa	you wish to apply for:	
[] Visitor Visa [] Studen	t Visa [] Working Holiday Visa	a [] Work Visa (Post Study Open
[] Work Visa (Essential sk	ills) [] Work Visa (Bus. catego	ories) [] Work Visa (Partnership)
[] EOI/Resident Visa (SMC	c) [] Residence Visa (Partnersl	hip) [] Refugee Family Sup Cat. T
[] Residence Visa (Other	categories) [] Section 61 req.	[] Investor Categories [] Other_
Please tick the answer that	is applicable to you:	
Have you travelled to New Z	ealand before:	Yes / No / N/a
Do you have qualifications re	elevant to your current job:	Yes / No / N/a
Do you have experience rele	vant to your job:	Yes / No / N/a
Do you have an online account with INZ and your INZ number:		r: Yes / No / N/a
Log in id:	Password:	
Do you have any criminal red		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 (IELTS score of 6.5 or above):	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:

- 1. For Initial Consultation any time up to one hour, a minimum of \$150/- is payable in advance for consultation in person, over the telephone or on Skype. Initial consultation appointment can only be booked/confirmed after we have received the completed ICF and necessary payment.
- 2. 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.
- 3. 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.
- 4. You also agree to receive emails/phone calls/text messages/audio-video messages through various modes of communication, including social media.
- 5. Our fees for one hour initial consultation will be NZ\$150/- (New Zealand Dollars One Hundred Fifty Only) payable to GEMS International, Auckland, ANZ Bank New Zealand Ltd., account number 06-0709-0462106-01, through bank remittance, wire transfer or internet banking, quoting your name in reference. SWIFT code ANZBNZ22 or IFSC code ANZB0000001
- 6. 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.
- 7. As per our company policy, any fees once paid towards initial consultation cannot be refunded for any reason whatsoever.

Fees Quoted:F	or Type of Work:	
	the whole process, w	ultation and all representations made on ill be in good faith and does not make way whatsoever.
I/We Mr/Ms/Mrs_understood the above terms and agreement thereof have put my/ou	d conditions for my/o	have read and ur initial consultation/registration and in
Consultation Start Time:	End Time:	Payment Due:
Signature	 Date	 Place