

HIGH COMMISSION OF INDIA Ranchhod Tower, Level-2, 102-112, Lambton quay PO Box 4045, Wellington. Ph: 04-4736390 Fax: 04-4990665 Website: www.hicomind.org.nz E-mail – visa.wellington@mea.gov.in

From: Hicomind, Wellington

To:

Additional form for an applicant with non-New Zealand passport. TO BE TYPED / FILLED IN BLOCKED LETTERS

Please type or fill out all fields legibly. Incomplete / illegible form will not be accepted

APPLICANT'S SURNAME			
FIRST NAME & MIDDLE NAME			
NAME OF FATHER / SPOUSE			(Middle Name)
NATIONALITY OF APPLICANT			SEX
DATE OF BIRTH		PLACE OF BIF	ХТН
PASSPORT NUMBER			-
DATE OF ISSUE		PLACE OF ISS	UE
OCCUPATION			
PERMANENT ADDRESS **			City
** (outside New Zealand - as pe	er non-NZ passp	ort)	
State Postcode			Country
TYPE OF VISA REQUIRED			
PERIOD FOR WHICH REQUIRED			
SIGNATURE OF APPLICANT			
For Official Purposes:			