

**G5** Have you, or has anyone included in this application, ever been a member of, or adhered to, any terrorist organisation?

Yes  No

**G6** Have you, or has anyone included in this application, had (or currently have) an association with, membership of, or involvement with, any government, regime, group or agency that has advocated or committed war crimes, crimes against humanity and/or other gross human rights abuses?

Yes  No

If you have answered yes to any of the questions above give full details. This includes full details of any charges, convictions and the sentence or penalty imposed. Continue on a separate piece of paper if necessary.

---

---

---

---

## Section H Declaration by applicant

**All of the people included in this application must complete this section.**

I have provided true and correct answers to the questions in this form.

I will inform Immigration New Zealand of any relevant fact or change of circumstances that may (i) affect the decision on my application for a visa, or (ii) affect the decision to grant entry permission based on the visa for which I am applying.

I agree to leave New Zealand before my visa expires. If I remain in New Zealand after my visa has expired, I may be deported by Immigration New Zealand.

I understand that I am not entitled to free health care in New Zealand, and I will pay for any health care or medical assistance I may require in New Zealand.

I understand that if I have received immigration advice from an immigration adviser and if that immigration adviser is not licensed under the Immigration Advisers Licensing Act 2007 when they should be, Immigration New Zealand will return my application.

I authorise Immigration New Zealand to provide information about my health and my immigration status to any health service agency. I authorise any health service agency to provide information about my health to Immigration New Zealand.

I authorise Immigration New Zealand to make any necessary enquiries about information on this form and/or accompanying documentation, so that they can:

- make a decision on this application
- answer enquiries about my immigration status once my application has been decided.

I authorise any agency whether in New Zealand or overseas, including but not limited to border or immigration agencies, education providers, financial institutions, foreign embassies, government authorities, healthcare providers, police or other law enforcement agencies, that holds information (including personal information) related to information on this application form and/or accompanying documentation to disclose that information to Immigration New Zealand.

Signature of principal applicant  Date

Signature of partner  Date

Signature of dependent child  Date

Signature of dependent child  Date

Signature of parent or guardian if principal applicant is under 18 years of age  Date