

Section H 申请人声明 Declaration by applicant

所有包括在本次申请中的申请人必须完整填写此项内容。All of the people included in this application must complete this section.

我知道如果递交虚假或误导信息，我的申请将会被直接拒签（在无进一步警告的情况下）。I understand that if false or misleading information is submitted, my application may be declined without further warning.

关于此申请表的所有问题，我所提供的信息都是真实和正确的。I have provided true and correct answers to the questions in this form.

如果某些相关事实或情况变化会影响到我的 (1) 签证申请结果，或 (2) 我基于该签证申请获批新西兰入境许可，我将及时通知新西兰移民局。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.

我同意在我的签证过期之前离开新西兰。否则我可能被新西兰移民局递解出境。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.

我知道我没有资格享有新西兰的免费医疗，我将支付我在新西兰所接受的任何医疗服务和协助的费用。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.

如果我的配偶被包括在此申请中，我们在此声明我们生活在一起并且我们的配偶关系真实稳定。If my partner is included in this application, we declare we are living together in a genuine and stable partnership.

我知道为我提供移民建议的移民顾问应该依照《2007移民顾问执照法》取得执照。如果没有，新西兰移民局将退还我的申请材料，并不予审理。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.

我授权新西兰移民局将本人健康情况及移民身份提供给任何相关的医疗机构。我授权任何相关的医疗机构可将本人健康情况告知新西兰移民局。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.

我授权新西兰移民局对申请表中所含的内容做任何必要的询问以便：

- 审理决定我的申请；
- 在对我的申请作出决定后，回复有关我的移民身份的询问。

I authorise Immigration New Zealand to make any necessary enquiries about information on this form so that they can:

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

我授权任何掌握这些信息（包括个人信息）的机构向新西兰移民局透露有关的任何情况。

I authorise any agency that holds information (including personal information) related to those matters to disclose that information to Immigration New Zealand.

主申请人签名 Signature of principal applicant

日期 Date

D		D		M		M		Y		Y		Y		Y
日		月		年										

如果主申请人不满18岁，请父母或监护人签名 Signature of parent or guardian if principal applicant is under 18 years of age

日期 Date

D		D		M		M		Y		Y		Y		Y
日		月		年										

随行配偶签名 Signature of Partner (if travelling)

日期 Date

D		D		M		M		Y		Y		Y		Y
日		月		年										

18岁以上随行子女签名（如适用）

Signature of accompanying dependent children over 18 years of age (if applicable)

日期 Date

D		D		M		M		Y		Y		Y		Y
日		月		年										

18岁以上随行子女签名（如适用）

Signature of accompanying dependent children over 18 years of age (if applicable)

日期 Date

D		D		M		M		Y		Y		Y		Y
日		月		年										

如果随行子女不满18岁，请父母或监护人签名（如适用）

Signature of parent or guardian if accompanying dependent children are under 18 years of age (if applicable)

日期 Date

D		D		M		M		Y		Y		Y		Y
日		月		年										