DCS: DENIAL



APPLICATION FOR DENIAL OF NEW ZEALAND CITIZENSHIP

This application form should be completed to obtain evidence that you are NOT a New Zealand citizen. Please forward your application to the address on the next page allowing 15 working days for processing as there is no urgent service.

Each person requires a separate application form and the processing fee of NZ\$112.40.

Please include a photocopy of the biodata page of your current passport which records all of your personal details.

	PLEASE	RINT CLEARLY		
Applicant's Details	Note: these details should be exactly as recorded in your passport on the "bio-data" page			
,,		Please tick: Mr	Mrs Ms Miss Ma	ster Other
SURNAME:				
First name(s):				
l.				
Name changed from:	Please describe whether by	ı marriaae, deed noll, or h	u anu other means	
Town/ City of birth:		,aage, acca pe, c. 2	y ung esner meuns	
į.			Date of Birth:	
Country of birth:			See of Birth.	/
			30	male female
Spouse's Details				
Name:	L			
Date of birth:	/ /		Date of marriage/ civil union:	/ /
Place of birth:				
	(Town/City)		(Соиг	ntry)
Parent's Details				
Parent's Details				
Mathan All Names				
Mother: All Names:				
Date and place of birth	:		Country:	
Is your mother a New Zo	ealand citizen? (circle correct one) YES	S/NO		
Father: All Names:				
Date and place of birth	: / /		Country:	
Is your father a New Zee	aland citizen? (circle correct one) YES/	NO		
is your father a New Zea	tiand citizens (circle correct one) TES	140		
PLEASE NOTE:	Address: Street			
This is the address that				
completed certificate w sent to.	Town/City		Province	
	Country		Post Code	
	Tolombana Hami		W ₂ l.	
	Telephone: Home		Work	
	Mobile 		Fax	
	Email			



Privacy Act

Collection and use of information provided in support of application

This application form requires you to produce certain information in support of this application.

The decision to supply the information is voluntary. If you do not produce sufficient information to enable a denial of New Zealand citizenship to be determined, the application will be declined.

The collection of this information is required to see if the requirements of the Citizenship Act 1977 are met, to process the application and for other lawful purposes. The information you provide in this form is collected and held by: Department of Internal Affairs, PO Box 10-680, Wellington, New Zealand.

You have a right of access to and correction of personal information you have provided under the Information Privacy Principles of the Privacy Act 2020.

- I declare that the statements made in this application are to the best of my knowledge true, complete and correct.
- I understand that if false information has been provided any citizenship certificate issued on the basis of that information may be cancelled and the matter referred to the New Zealand Police.
- I confirm that I have read and understood the statement above relating to privacy.
- · I authorise any additional enquiries necessary for determining this application of New Zealand citizenship.

Applicant			
Name			
Signed			
Dated			

Name and signature of parent if the applicant is under 16 years of age.

OFFICE USE ONLY



Fees and Payment	Please do not send cash		
Please enclose a fee of BN 7%& Sper applicant.	Please charge my:	Mastercard Visa Expiry date: /	
	Credit Card Number:		
	Print Full name of Cardholder:		
	Amount:	NZ\$	
Please charge the return courier fee to my credit ca		Please charge the return courier fee to my credit card	
	Signature:		

Lodging an Application

Completed applications or any queries concerning New Zealand citizenship can be sent to:

The Citizenship Office Identity Services Department of Internal Affairs PO Box 10-680, Wellington, New Zealand Tel 64-4-474 8123 0800 22 51 51 (within New Zealand only) Email Issuance.2@dia.govt.nz www.citizenship.govt.nz

Applicants who are residing outside New Zealand may lodge their application at some New Zealand High Commissions, Embassies or Consulates.