

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street

Houston, Texas 77002

713-659-8472

1-800-856-8472 Fax 713-659-3767

Website: [www.vippassports.com](http://www.vippassports.com)

Email: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## **NEW ZEALAND E-VISA** *COUNTRIES ELIGIBLE TO APPLY*

APPLICANTS HOLDING PASSPORT ISSUED BY ONE OF THE FOLLOWING COUNTRIES  
MAY APPLY FOR A NEW ZEALAND E-VISA:

ANDORRA	ARGENTINA	AUSTRIA	BAHRAIN
BELGIUM	BRAZIL	BRUNEI	BULGARIA
CANADA	CHILE	CROATIA	CYPRUS
CZECH REP	DENMARK	ESTONIA	FINLAND
CRANCE	GERMANY	GREECE	HONG KONG
HUNGARY	ICELAND	IRELAND	ISRAEL
ITALY	JAPAN	KOREA, SOUTH	KUWAIT
LATVIA	LIECHTENSTEIN	LITHUANIA	LUXEMBOURG
MACAU	MALAYSIA	MALTA	MAURITIUS
MEXICO	MONACO	NETHERLANDS	NORWAY
OMAN	POLAND	PORTUGAL	QATAR
ROMANIA	SAN MARINO	SAUDI	SEYCHELLES
SINGAPORE	SLOVAK REP	SLOVENIA	SPAIN
SWEDEN	SWITZERLAND	TAIWAN	U.A.E.
U.S.A.	URUGUAY	VATICAN CITY	

IF YOU HOLD A PASSPORT ISSUED BY ONE OF THE COUNTRIES LISTED ABOVE,  
PLEASE REFER TO NEXT PAGES FOR THE NECESSARY INSTRUCTIONS TO APPLY FOR  
AN E-VISA.

THANK YOU,  
*VIP PASSPORT SERVICES, INC.*

*SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT LEGALIZATION, AND TRANSLATIONS*

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: [www.vippassports.com](http://www.vippassports.com) Email: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## WORK ORDER REQUEST FORM

### ELECTRONIC REQUESTS

#### TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

#### BILLING INFORMATION

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

#### RETURN INFORMATION

**PLEASE LIST THE EMAIL ADDRESS WHERE THE COMPLETED DOCUMENT IS TO BE SENT,  
IF DIFFERENT FROM THE ONE LISTED ABOVE**

EMAIL FOR RETURN OF DOCUMENT:

#### METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$\_\_\_\_\_

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## NEW ZEALAND E-VISA (NZeTA)

ELIGIBLE COUNTRIES ONLY

### DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE EMAIL ADDRESS LISTED ABOVE

VALID PASSPORT:	1-COPY	APPLICATION (S):	1-COPY
TRAVEL ITINERARY:	1-COPY		

OTHER: FOR ALL NON-U.S. PASSPORT HOLDERS, PLEASE SEND A COPY OF YOUR U.S. VISA & I-94, OR A COPY OF VALID U.S. GREEN CARD.

### PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE:	<u>\$47.00</u>
MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

#### RETURN SHIPPING FEES (SELECT ONE)

THE E-VISA WILL BE E-MAILED BACK TO THE REQUESTER, SO PLEASE BE SURE THAT THE EMAIL ADDRESS LISTED ON THE WORK ORDER IS CORRECT.

REGULAR PROCESS TIME: **2 TO 3 DAYS**

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVISED 9-5-2019

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT LEGALIZATION AND TRANSLATIONS

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [info@vippassports.com](mailto:info@vippassports.com)



## NEW ZEALAND E-VISA

*ELIGIBLE COUNTRIES ONLY*

PLEASE SEND THE REQUIRED DOCUMENTS BELOW TO OUR OFFICE, VIA EITHER EMAIL OR COURIER/SHIPPING. ONCE PROCESSED AND COMPLETED, WE WILL SEND A CONFIRMATION EMAIL CONTAINING THE ELECTRONIC VISA TO THE EMAIL LISTED ON THE WORK ORDER.

1.) COPY OF VALID PASSPORT

- MINIMUM OF 3 MONTHS VALIDITY BEYOND INTENDED STAY IN N.Z.

2.) ONE (1) COMPLETED APPLICATION FORM

3.) COPY OF TRAVEL ITINERARY

- MUST SHOW PORTS OF ENTRY INTO AND EXIT FROM NEW ZEALAND

4.) ALL NON-U.S. APPLICANTS - PROOF OF VALID U.S. STATUS (PLEASE SUBMIT ONE OF THE FOLLOWING):

- COPY OF FRONT/BACK OF GREEN CARD
- COPY OF U.S. VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>)

5.) CONSULATE FEE:

E-VISA FEE	I.V.L. (SEE BELOW)	TOTAL
\$12.00	\$35.00	\$47.00

**VALIDITY:** E-VISAS ARE ISSUED FOR MULTIPLE ENTRIES, WITH A STAY OF UP TO 90 DAYS (OR 6 MONTHS FOR U.K. PASSPORT HOLDERS), VALID UP TO TWO YEARS. THE FINAL DECISION AS TO THE LENGTH OF VALIDITY AND THE NUMBER ENTRIES IS MADE BY THE EMBASSY/CONSULATE ON A CASE-BY-CASE BASIS. E-VISAS WILL ALLOW YOU TO STAY UP TO THREE MONTHS FROM THE DATE OF ENTRY.

**SPECIAL NOTES:**

- APPLICANTS APPLYING FOR AN ELECTRONIC NEW ZEALAND VISA MUST ALSO PAY AN INTERNATIONAL VISITOR CONSERVATION AND TOURISM LEVY (I.V.L.) AT THE SAME TIME AS THE CONSULATE FEE
- DOCUMENTS CAN BE SENT TO OUR OFFICE EITHER ELECTRONICALLY ([INFO@VIPPASSPORTS.COM](mailto:INFO@VIPPASSPORTS.COM)) OR BY SHIPPING TO OUR OFFICE. IF THE DOCUMENTS ARE EMAILED, PLEASE BE SURE THE COPY OF THE PASSPORT IS IN .JPEG FORMAT AND ALL OTHER DOCUMENTS ARE IN .PDF FORMAT.
- IF YOU DO NOT QUALIFY FOR AN E-VISA (I.E. – REASON FOR TRAVEL IS FOR SOMETHING OTHER THAN BUSINESS OR TOURISM), PLEASE CONTACT OUR OFFICE FOR ADDITIONAL/ALTERNATE INSTRUCTION AND GUIDANCE ON APPLYING FOR A VISA.

REVISED 9-5-2019 JENN

# EVISA REQUEST FORM

FULL NAME <i>(AS LISTED IN PASSPORT)</i>	
PLACE OF BIRTH <i>(CITY, STATE, COUNTRY)</i>	
CURRENT NATIONALITY	
PREVIOUS NATIONALITY	
HOME ADDRESS <i>(STREET, CITY, STATE, ZIP)</i>	
HOME PHONE NUMBER	
MOBILE PHONE NUMBER	
EMAIL ADDRESS	
MARITAL STATUS	
SPOUSE FULL NAME & NATIONALITY	
PRIMARY PURPOSE OF TRAVEL	
DATE OF ENTRY INTO <b>NEW ZEALAND</b>	
PORT OF ENTRY INTO <b>NEW ZEALAND</b>	
DATE OF EXIT FROM <b>NEW ZEALAND</b>	
PORT OF EXIT <b>NEW ZEALAND</b>	
EMPLOYER & OCCUPATION	
EMPLOYER CONTACT INFO <i>(NAME OF COMPANY, FULL ADDRESS, PHONE NUMBER, EMAIL)</i>	
ARE YOU AN AUSTRALIAN PERMANENT RESIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A RESIDENT OF AMERICAN SAMOA	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE TRAVELING TO NEW ZEALAND FOR MEDICAL CONSULTATION OR TREATMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DEPORTED, REMOVED, OR EXCLUDED FROM ANOTHER COUNTRY <i>(NOT NEW ZEALAND)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY PROHIBITED FROM ENTERING NEW ZEALAND FOLLOWING DEPORTATION FROM NEW ZEALAND IN THE PAST	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE <i>(IN ANY COUNTRY)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FIELDS MUST BE COMPLETED WITH REQUESTED INFORMATION *(WHEN APPLICABLE)*.

INCOMPLETE REQUEST FORMS MAY CAUSE A DELAY IN PROCESSING.