 **MFA 600**

**NOTIFICATION OF ARRIVAL OF STAFF MEMBER**

This form must be completed for each staff member and sent to the Ministry of Foreign Affairs and Trade, Protocol Division, within 10 days of arrival in New Zealand

**1. FULL NAME OF MISSION/POST:** ……………………………………………………………………….

**2. NAME:** Surname: ................................................................................................………….

 First Name/s: ..........................................................................................................

**3. DATE OF ARRIVAL IN NEW ZEALAND:** …........./…........../.................. *(day/month/year)*

**4. DATE OF BIRTH:** ........../.........../............... *(day/month/year)* **Sex:** Male/Female *(Circle)*

**5. STATUS:** .......................................................................................................................

*[ie, either Diplomatic/Consular/Administrative and Technical Staff/Service Staff]*

 Diplomatic Designation**:** ……........................................................................................……..

 *[if applicable, eg Ambassador/First Secretary/Consul]*

**6. PASSPORT TYPE:***..............................................* Passport No:……………………………

 *[Diplomatic/Official/Service]*

 Passport Expiry Date:........................................................

**7. CONTACT / ADDRESS DETAILS:**

Office email : ……………………………………………………..…………………………………….

 Office telephone no. ………………………………… Direct dial no.: ……………………………..

 **RESIDENTIAL ADDRESS**: *[If not known when completing this form please advise Protocol*

 *Division as soon as possible. Any change of address must be notified to Protocol Division.]*

Number**/**Street/Road: .....................................................................................................

 Suburb: ........................................................ City: ........................................................

 Home Telephone: ….......................... Cell phone No: …..........................................

**8. NAMES OF ALL ACCOMPANYING FAMILY MEMBERS:**

*[A separate MFA 601 form for each dependent family member must also be submitted.]*

i) .....................................................................................................................................

ii) .....................................................................................................................................

(iii) .....................................................................................................................................

(iv) .....................................................................................................................................

(v) .....................................................................................................................................

**9. NAME OF STAFF MEMBER THIS OFFICER IS REPLACING:**

 ...........................................................................................................................................

**10. DOCUMENTS ATTACHED:**

Passport **OR** scan of passport biodata page and scan of visa

 2 recent passport size photos **OR** scan photo and send to protocol@mfat.govt.nz

MFA 601 form/s for each dependent family member

**Mission/Post Seal:** ...................................................................

**Date:** ..........................................................................................

***For MFAT Use Only:***

*Identity Card No: ....................................... Expiry Date: ……….……….…………………...*

*Visa Type: ................................................. Expiry Date: ……….………………………..…..*

*Statistics Entered: ...................................................*