 **MFA 601**

**NOTIFICATION OF ARRIVAL OF DEPENDANT FAMILY MEMBER**

*This form must be completed for**each dependant family member accompanying an officer on assignment to New Zealand and sent to the Ministry of Foreign Affairs and Trade, Protocol Division within 10 days of arrival in New Zealand. A form should also be completed for any children born while a parent is on assignment in NZ or for dependant children under 21 years who join the family during the course of their assignment in NZ.*

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

**2. NAME OF STAFF MEMBER:**

Surname**:** ……………………………………………..…………………………………

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

**3. FULL NAME OF DEPENDANT FAMILY MEMBER:**

Surname: ………………………………………………………………………………………

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

**4. RELATIONSHIP TO STAFF MEMBER:** ................................................................................

**5. DATE OF BIRTH:** ............/............/.............  *[Day/Month/Year]* **Sex:** Male / Female *(Circle)*

 *[Children over the age of 21 years of age are not officially recognised as dependants and will require a visa]*

**6. DATE OF ARRIVAL IN NEW ZEALAND:** ............/............/.............  *[*Day/Month/Year]

**7. PLEASE STATE WHAT CITIZENSHIP/S YOU HAVE:**  .......................................................................

**8. PASSPORT TYPE:** ..............................................Passport No: ..........................................

 *[ie Diplomatic/Official/Service****/****Standard]*

Expiry Date: ............/............/............. (Day/Month/Year)

**9. RESIDENTIAL ADDRESS:**

 *[If not known when completing this form please advise Protocol Division as soon as possible. Protocol Division must be*

 *advised of any change of address.]*

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

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

 Home Telephone No: .............................................……... Cell Phone No. ..........................................

**10. PLACE OF EDUCATION IN NEW ZEALAND, IF ANY:**

 *[This information is required in order to confirm entitlement to domestic student status for those eligible]*

Name and Address of School, University or Institute of Study in NZ: ..….................................................

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**11. PLACE OF EMPLOYMENT IN NZ, IF ANY:**

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 *[Protocol Division’s prior approval is required if dependants wish to work in NZ]*

**12. DOCUMENTS ATTACHED:**

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

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

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

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

 ***For MFAT Use Only:***

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

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

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