

Application for a New Zealand Emergency Travel Document (ETD)

THE DEPARTMENT OF INTERNAL AFFAIRS

Te Tari Taiwhenua

➤➤ Please read all Notes before completing the form - pages 1 & 2



What is an ETD?

New Zealand ETDs are issued to New Zealand citizens who have previously been issued a New Zealand

Passport which is lost, stolen or damaged while overseas and who need to travel urgently.

Who needs to fill out this ETD application?

Fill in this form yourself if you are 16 years of age or over.
The form **must not** be filled in by your wife, husband, de facto, partner, civil union partner, parent or friend unless you are under 16 years of age or have a

disability or language difficulty that prevents you filling it in yourself.
The Statutory Declaration on page 7 will need to be completed where an application has been filled in on your behalf due to a disability or language difficulty.

Who needs an application?

A **separate application** form must be completed for each adult and each child.

Provide two identical photographs and at least two forms of ID, one of which has a photo image, for each application.

Do I have to pay?

Yes, a fee is payable for the processing of each adult and child application. The fee is equivalent to NZ\$350.00 and must be paid in the local currency where your application will be processed. Personal cheques will not be accepted. The ETD fee includes the cost of your new full replacement passport upon **We advise you not to send cash in the post**

application to New Zealand, Sydney or London before the expiry date of your ETD.
You must contact the nearest New Zealand Embassy, High Commission or Consulate, where you intend to lodge your application to confirm the actual amount in local currency.

How long is an ETD valid?

Your New Zealand ETD will be valid for up to 12 months. It is a requirement of some governments that your travel document needs to have at least 6

months validity remaining after the date of intended departure from the country being visited.

How do I exchange my ETD for a New Zealand Passport?

To receive a New Zealand Passport you must submit a newly completed passport application form, your ETD and two new passport photographs prior to the expiry date of the ETD. The application must be

submitted to the New Zealand Passport Office in Wellington, Sydney or London.

This form will not be accepted to apply for a Passport.

Applying for an ETD for a Child?

Children require their own passport to travel. An application for a passport can be made on behalf of a child who is aged under 16 years.

To apply for a passport for a child:

- Complete a separate application form for each child, and
- Fill out the whole application, including page 10 'Consent for Passport for Child Under the Age of 16'.

The consent of at least **one parent** named on the child's birth registration or of **one guardian**, as evidenced by guardianship documentation, is required. However, the Care of Children Act 2004 requires that all the guardians of a child must be consulted, where that is practicable, when making decisions about important matters affecting the child. The parent or guardian making the application for the child is responsible for consulting with the other parent or guardians of the child.

A parenting order (formerly known as custody or access orders) that gives day-to-day care or contact to one parent or guardian will not prevent the other parent or guardian from obtaining a passport for the child. A passport will be refused only if there is a court

order made in New Zealand, or an overseas court order registered in New Zealand, which has the intent or effect of preventing the issue of a passport or removal of the child from his or her country of residence.

If you are unsure about these matters, you may wish to contact a solicitor for advice.

Guardians who are not the child's parents

If consent is given by a legal guardian who is not a parent of the child, documentary proof of guardianship is required.

This may be:

- a guardianship order issued by a New Zealand court;
- an additional guardian appointment form approved by a New Zealand court; or
- an original copy of a parent's will appointing the person as a testamentary guardian together with the parent's death certificate.

A parenting order is not sufficient for this purpose. A step-parent is not, in a legal sense, a child's guardian unless appointed as a guardian through a court process or under a parent's will. Please provide original documents.

Contact us

If you have any questions about filling in this form, or you have any difficulties in completing it, please contact: The nearest New Zealand Embassy, High Commission or Consulate.
www.passports.govt.nz



Proof of Identity

Witness Information

The Proof of Identity information on page 6 must be completed in full.

Who can act as a Witness?

A witness is required for this application

Ask someone you know who can identify you to fill in the "Proof of Identity" information on page 6 and certify one of your photos. This person will be called your **witness** and needs to meet the requirements outlined below.

We advise you and your witness to read all of this page carefully before writing anything. Completing this section correctly will help ensure that an ETD is issued without delay.

If you are filling out this ETD application for yourself, or for your child, you must not write on the "Proof of Identity" page, or write anywhere on the ETD photo, not even the name.

A witness must NOT:

- Be a relative or part of the family group, of the applicant
- Be a wife, husband, de facto, partner or civil union partner of the applicant
- Live at the same address as you.

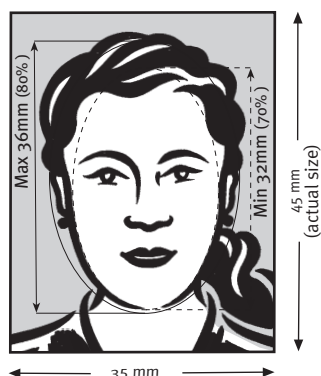
A witness MUST:

- Have known you for more than 12 months (or less for a child under 12 months), and
- Be over 16 years old, and
- Have a daytime contact phone number and be available during normal business hours.

A witness WILL:

- Complete all of the Proof of Identity page in their **OWN handwriting**
- Write the full name of the person applying for the ETD on the back of one of the photos, sign their own name and date the back of the same photo in their **OWN handwriting**

Photographs



Please provide 2 identical passport photos of yourself. Both photos must be the same in all ways – two prints from the same negative/image – taking care they are not damaged by staples, pins, paperclips, folding or ink.

The photos must be:

- Recent photos, less than six months old
- A full-front view of face, head and shoulders, looking straight at the camera with eyes open and head straight
- Without hat, head band or head covering. If you wear these for religious or medical reasons, please state the reason on the Statutory Declaration on page 13. (In all cases, facial features from bottom of chin to top of forehead and both edges of face must be clearly shown)
- Without sunglasses. Tinted prescription glasses may be worn as long as eyes are still visible. No light reflection on glasses. Thick / heavy rimmed frames must be removed
- A true image and not altered in any way
- Clear, sharp and in focus with minimum reflective light on face. No red-eye
- With a plain, light coloured background (not white or dark) and no background shadow
- Of high quality colour showing natural skin tones (black and white photos are not acceptable)
- Taken with a neutral expression with your mouth closed
- Shown with your eyes open and clearly visible, and no hair across face or eyes
- On high quality photographic paper of high resolution, instant colour film or low gloss coated thermal papers providing the printers are high resolution printing systems.
- No ink jet printers, extremely high gloss paper or heavily backed thermal paper
- Photo size: actual 45mm height x 35mm width
- Head size: max 80% of photo (36mm) / min 70% of photo (32mm).

The witness who identifies you on page 6 must write your full name on the back of one photo, and then sign and date it.

Your photo will be rejected if it does not meet our requirements.

- Please note: A business that specialises in taking passport photos will usually supply one photo with a preprinted label on the back. Contact the Passport Office for further information on photographic image requirements.

CERTIFIED TRUE LIKENESS OF

ANA MARIE WELLS

(Full Name of Applicant)

J. Mitchell

Signature of Witness/Identifier

Date **21/07/2006**

Privacy Statement & Disclosure of Information PLEASE READ CAREFULLY

The information you have provided in this form, and that which is obtained from other sources (including but not limited to the Citizenship Office and the Registrar-General of Births, Deaths and Marriages) is to assist in determining your identity and eligibility for a New Zealand ETD, and is authorised by you, a parent or guardian, as the case may be (refer the declarations sections of this form on pages 4 and 5). Information may be obtained by means of an authorised information-matching programme (under s.78A of the Births, Deaths and Marriages Registration Act 1975 or s.26A of the Citizenship Act 1997). All this relevant information is collected in accordance with the Passports Act 1992 and is collected and held by the New Zealand Passport Office, Department of Internal Affairs, 120 Victoria Street (PO Box 10-526) Wellington. Under the Privacy Act 1993 you are entitled to access and correction of any of the personal information held. You should answer all applicable questions on the form. Failure to do so may delay the processing of your application and may mean that an ETD/passport might not be issued to you, or that an issued ETD/passport may be withdrawn.

Disclosure of Information

The Passports Act 1992 authorises the disclosure of information from the passport records, subject to an agreement in writing, to any appropriate agency, body or person for the purpose of aiding border security, facilitating the processing of passengers, verifying the identity of the holder of a travel document or determining whether a person is a New Zealand citizen. The information that may be disclosed includes the information recorded in your passport plus: • your eye colour • your height • the status of your passport and • your passport database key number and any other information relating to a passport required to achieve the purposes of the disclosure stated above.

Application for a New Zealand Emergency Travel Document (ETD)

- ✓ Fill this form out in pen
- ✓ Please PRINT
- ✓ Cross out any errors
- ✗ DO NOT USE correcting fluid/tape
- ✗ DO NOT type

Application number:	Label number:
Place and date of issue:	
ETD number:	

Who is this ETD for?

- 1 Are you applying for: *Tick one*
- yourself? *or*
 a child who is under 16 years? **or**
 a person with a disability or language difficulty that prevents them completing the form themselves?
- You must complete all of the questions in this form. Only provide information for the person who the ETD is for, not your own.

What are the Details on your Previous

Please provide as much information as possible.

2 Passport number (if known)

3 What is your name in your passport?

Surname or Family name

Given or First names

4 What is your name on your Birth Certificate (one which states the parents' names) or Citizenship Certificate, if different from Question 3?

Surname or Family name

Given or First names

5 Where were you born? Town /City Country

6 What is your Date of Birth? 7 What colour are your eyes? 8 What is your height?

/ /

Day Month Year

9 Are you: 10 Do you permanently wear tinted prescription glasses?

Male Female No Yes

Address Details

11 DELIVERY ADDRESS: What address do you want your ETD sent to? (PRINT clearly)

12 RESIDENTIAL ADDRESS: What is your usual place of residence (if different from above)? (PRINT clearly)

Give house number, street name, suburb, town/city, country, and postcode if known

Contact Details

What are your contact details?

13 Home	[]	Work	[]
Mobile	[]	Fax	[]
Email	_____		

Travel Plans

State the reason you need to travel urgently

14

What Happened?

15 Was the Passport: *Tick one*

Lost Stolen Damaged Other > _____

16 What happened to your passport?

Please give full details relating to the loss, theft or damage of your passport. Include all possible addresses from where the passport may have been lost or stolen.

Continue on a separate piece of paper if necessary and pin to this page.

Date lost, stolen or damaged

____ / ____ / ____
Day Month Year

Where lost, stolen or damaged (town/city/country)

17 What attempts did you make to try to find your missing passport?

18 Has the loss or theft been reported to the Police or the Department of Internal Affairs?

You must report the loss or theft of your Passport or Travel Document to the Police and the Department of Internal Affairs before a replacement can be issued (*ensure you have completed and ticked off the following actions*).

- To the Police (Attach Police Report)
 Department of Internal Affairs

Who Filled in this Form?

19 Is the person whom the ETD is for, under 16 years of age?

Yes > Do not sign below. Ensure you complete the "Consent for ETD for Child under the age of 16" on page 5 No

20 Did the person whom the ETD is for, fill in this form?

Yes > Please sign the "Signature of Applicant" section below

No > This is because of:

a disability or a language difficulty

The person who filled out this form, for the person who the ETD is for, must now complete the "Statutory Declaration" on page 7

The person who the ETD is for **must sign the "Signature of Applicant" section below** (unless they are under 16 years or unable to do so through disability or injury)

Signature of Applicant

WARNING
It is an offence against the Passport Act 1992 to knowingly or recklessly make a false statement to help anyone get an ETD.

- I agree to surrender this ETD to the New Zealand Passport Office on completion of the travel for which it was issued.
- I declare that the statements made in this application are, to the best of my knowledge, true, complete and correct.
- I understand that if I have provided false information this ETD can be cancelled and I can, by law, be fined or imprisoned.
- I confirm that I have read the section relating to Privacy in the Notes to this Application.
- I authorise the release, by any government agency, of personal information about myself which will assist the Passport Office in determining my entitlement to be issued with, or continue to hold, a New Zealand Travel Document.
- I understand that if I use, or have possession of, a forged or false New Zealand Travel Document, I may be liable on conviction to imprisonment for a term not exceeding 10 years, a fine not exceeding \$250,000, or both.

Date

____ / ____ / ____
Day Month Year

Signature of person who is applying for the ETD

>> Has your Witness completed "Proof of Identity", page 6?

Consent for ETD for Child Under the Age of 16

Consent can only be given by the child's mother, father, other parent or legal guardian.

Proof of Consent

Please write the current full name of the child.

Refer to Notes on page 1 for "Other Parent"

21 I give my consent for the issue of an Emergency Travel Document to:

Surname or Family name

Given or First names

22 What is your relationship to the child? Tick one

Mother Father Other Parent Guardian (If you are a guardian, evidence of guardianship is required)

Consenting Parent or Guardian Name Details

24 What is your current name?

Surname or Family name

Given or First names



Address Details

26 What is your home address and contact details?

Give house number, street name, suburb, town/city, and postcode if known

Give street number and name, suburb, town/city and country. Do not give a Post Office Box number or Private Bag number.

27 What are your contact telephone, fax and email details?

Home

[]

Work

[]

Mobile

[]

Fax

[]

Email

Signature of Parent/Guardian

WARNING
It is an offence against the Passports Act 1992 to knowingly or recklessly make a false statement to help anyone get an ETD.

- I declare that the statements made in this application are, to the best of my knowledge, true, complete and correct.
- I understand that if I have provided false information, this ETD can be cancelled and I can, by law, be fined or imprisoned.
- I confirm that I have read the section relating to the Privacy Statement in the Notes to this Application.
- I authorise the release, by any government agency, of personal information about the applicant and/or myself, which will assist the Passport Office in determining the applicant's entitlement to be issued with, or continue to hold, a New Zealand Travel Document.
- I understand that if I use, or have possession of, a forged or false New Zealand Travel Document, I may be liable on conviction to imprisonment for a term not exceeding 10 years, a fine not exceeding \$250,000, or both.



Signature of Parent/Guardian named in this Consent page

Date

Day Month Year



» Has the child's Witness completed "Proof of Identity", page 6?

IMPORTANT Only the Witness (NOT THE APPLICANT) must complete all of the sections on this page.

Who can act as a Witness?

A witness is required for this application

A witness must NOT:

- Be a relative or part of the family group, of the applicant
- Be a spouse, de facto, partner or civil union partner of the applicant
- Live at the same address as you.

A witness MUST:

- Have known you for more than 12 months (or less for a child under 12 months), and
- Be over 16 years old, and
- Have a daytime contact phone number and be available during normal business hours.

A witness WILL:

- Complete all of the Proof of Identity page **in their OWN handwriting**
- Write the full name of the person applying for the passport on the back of one of the photos, sign their own name and date the back of the same photo **in their OWN handwriting**

Personal Details of Witness

28 What is your name?

Surname or Family name

Given or First names

29 What is your Date of Birth?

____ / ____ / ____
Day Month Year

30 Where were you born?

Town /City

Country

31 If you have a New Zealand Passport please enter your number:

32 What is your home address?

.....
.....

33 What are your contact telephone, fax and email details?

Home []

Work []

Mobile []

Fax []

Email _____

Give street number and name, suburb, town/city and country. Do not give a Post Office Box number or Private Bag number.

Photo Identification

See more details on page 2

34 Have you written the full name of the person who the ETD is for, signed your name and dated the back of one photo. **IMPORTANT - This must be handwritten by you, the Witness, NOT by the applicant.**

- Yes ➤ Go to 'Witness Declaration' section below
- No ➤ Ask the applicant for a new photo and complete correctly

Failure of the Witness to correctly complete the back of one photo **will** delay processing of the ETD application

CERTIFIED TRUE LIKENESS OF	
ANA MARIE WELLS	
(Full Name of Applicant)	
<i>J. Mitchell</i>	
Signature of Witness/Identifier	
Date 21/07/2006	

Witness Declaration

WARNING

It is an offence against the Passports Act 1992 to knowingly or recklessly make a false statement to help anyone get an ETD.

I declare that I am 16 years or over and have personally known:

Surname or Family name of person who the ETD is for

Given or First names of person who the ETD is for

for _____ year(s) and can confirm their identity

- The information I have provided on this Proof of Identity page is, to the best of my knowledge, true, complete and correct, and in my own handwriting.
- I understand that if I have provided false information, this ETD can be cancelled and I can, by law, be fined or imprisoned.
- The person who the ETD is for, is the person I have named.

Date

____ / ____ / ____
Day Month Year

Signature of Witness



Signature of Witness

Making a Statutory Declaration

Statutory Declaration

You must complete this page if:

- You wear a hat or head covering in your passport photos for religious or medical reasons
- You completed this application on behalf of someone else aged 16 or over
- You wish to give, or have been requested by the Department of Internal Affairs to provide, additional information

Otherwise leave page blank.

This Statutory Declaration must be **signed** in the presence of a Justice of the Peace, a Solicitor, a Registered Legal Executive (fellow of NZILE), a Member of Parliament or a Government Officer who has authority to take statutory declarations.

Statutory Declaration

Please state your full name:

Surname or Family name

Given or First names

Please state your full residential address:

Give street number and name, suburb, town/city and country. Do not give a Post Office Box number or Private Bag number.

Home phone number

Work phone number

Mobile phone number

Email

I solemnly and sincerely declare that: (Tick which one of the following applies)

- I/My child wear(s) a hat or head covering for: religious or medical reasons (Tick and give reason below)
- I have completed this application on behalf of someone else aged 16 or over
(Please explain below why the person who the ETD is for was unable to complete this application)
- I have been requested by the Department to provide additional information and do so below
- I wish to give additional information and do so below
- I have been requested by the Department to explain how my passport was damaged, lost or stolen and do so below

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957

WARNING

It is an offence to make a statement which is false in any particular for the purpose of gaining a New Zealand ETD.

If a New Zealand ETD is obtained by fraud, false representation or the concealment of any material fact, it can be cancelled and the person concerned can, by law, be fined or imprisoned, or both.

Signature

Declared at:

This (day)

of (month)

year

Witnessed by

This signature has been witnessed by me

Signature of Witness

Title of Witness

PLEASE STATE: Justice of the Peace, Solicitor, Registered Legal Executive (fellow of NZILE), Member of Parliament, or Government Officer duly authorised to take Statutory Declarations.

Office Use Only

Date received

/ /

Documents provided

IN OUT

YES NO

CD-ROM check

YES NO

POI code

YES NO

Lost/Stolen
(photo ID produced)

YES NO

Referred to IS

YES NO

Authorisation from IS

No Documents provided Please tick

Identity verified

Waiting for

Issuing officer's

Name

Signature

Name

Signature

Expiry date of ETD

/ /

Endorsements

Dispatch method

Courier pack

Collection

The following is to be completed at time ETD is collected.

Collected by

Applicant/or relationship to applicant

Identification

Signature

Receipt details

Date

/ /