

# REPLACEMENT IDENTIFICATION FORM

**You must request a replacement Licensed Immigration Adviser identification (ID) pack if:**

- A. your identification (ID card and/or certificate) is lost or stolen or damaged, or
- B. wish to update your photo on the identification pack.

**Send the completed form to:**

**By Post:**  
The Registrar  
Immigration Advisers Authority  
PO Box 6222  
Victoria Street West  
Auckland 1142

**By email:**  
info@iaa.govt.nz



## LICENSED IMMIGRATION ADVISER PERSONAL DETAILS SECTION

**Please provide your contact details to ensure our records are correct.**

Legal first/given names

Legal family/last name

Licence number

Business address

Suburb

Town/City

Postcode

Country

Business phone

+

Email



**REASONS FOR REPLACEMENT IDENTIFICATION**

Please select from the following options and complete the payment & declaration sections.

- Your card is lost or stolen or damaged – **Complete Place of Residence, Declaration and Payment section**
- You wish to update your photo on the identification pack – **Complete Place of Residence, Declaration, Payment section below and Section A on page 3.**

You must return your current licence identification card and certificate, unless it has been lost, stolen, damaged or destroyed. Please select the following:

- My current licence ID and certificate is attached or
- I cannot return my current licence ID card and/or certificate because it has been lost, stolen, damaged or destroyed (please provide evidence).

**PLACE OF RESIDENCE**

Please tick one:

- I am ordinarily resident in New Zealand (onshore), and the amount to be charged to my credit card is \$30
- I am not ordinarily resident in New Zealand (offshore), and the amount to be charged to my credit card is \$26.09

*To be ordinarily resident in New Zealand you must have been lawfully present for more than 183 days in the immediately preceding 12 month period at the time of your application decision.*

**DECLARATION**

I declare that the information that I have supplied in this form is true and correct. I understand that it is an offence under the Immigration Advisers Act 2007 to provide incorrect or misleading information.

Signature

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

**Privacy notice:** Any personal information submitted in this application will be kept and maintained by the Registrar in accordance with the New Zealand Privacy Act 2020. Personal information will also be used for the maintenance and administration of the Immigration Advisers Authority Register. You have the right to access, and to have corrected, any information about you that is held by the Registrar.

**PAY BY CREDIT CARD**

- Visa     MasterCard

The amount to be charged to my credit card is \$

Credit card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	year		

Name on card

Signature

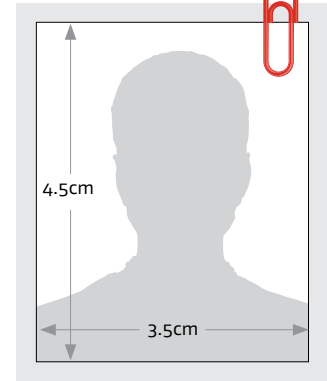
# SECTION A



## UPDATED PHOTO

The new updated photo attached should meet the following criteria:

- › Be taken within the last 6 months
- › A face, head and shoulders shot
- › You must be looking directly at the camera
- › Do not wear a hat, sunglasses or other accessories that obscure your face
- › Passport-sized 3:4 – width to height ratio
- › In full colour, on a plain light background.



Complete the Verifying information section below if your appearance has changed significantly from the photo on your current card.

To verify your photograph the verifier must write the following statement on the back of the photograph: "This is a true photograph of <insert your full name>" and then sign his or her signature under the statement.



## VERIFYING INFORMATION *(This section must be completed by the verifier of your photos)*

Verifier's full name

Address

Phone

+

I declare that I (name of verifier)

have known (full name of applicant)

for at least 12 months and am not related to or part of the family group of, or living at the same address as, the applicant

Signature

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR