



Immigration and Protection Tribunal

For more information visit www.justice.govt.nz/tribunals/ipt

Application

Form 7

for determination of failure to meet conditions of suspension of liability for deportation

Under the Immigration Act 2009



Important information

- Please attach a copy of:
 - › Statement of grounds for the application;
 - › Indexed bundle of supporting documents; and
 - › Any other information that is relevant to the determination of the application.
- You must serve a copy of this application together with all supporting documents on the affected person, and attach proof of service to this application.

Please fill in all sections below:

Part 1: Details of the person whose liability for deportation has been suspended

1A: Please complete the person's details

INZ client number

IPT case number **I P T**

Last name(s)

First name(s)

Title Mr Mrs Ms Miss Dr Other (specify)

Other names they are known by

Date of birth (day/month/year) / /

Citizenship

Gender (Please tick) Male Female

Part 1: Details of the person whose liability for deportation has been suspended (continued)

1B: Last known New Zealand address

Street number / Street name

Suburb

Town / City

Post code

1C: Contact details

Daytime contact phone number ()

Other contact phone number ()

Fax number ()

Email address

Part 2: Representative's information

2A: Please provide the name of the lawyer representing the Minister of Immigration.

Last name(s)

First name(s)

Title Mr Mrs Ms Miss Dr Other (specify)

Organisation name (if applicable)

2B: Please provide a current address in New Zealand to which communications relating to the matter may be sent (this cannot be a PO Box).

Notices, documents, and information relating to this appeal will be sent to this address.

Street number / Street name

Suburb

Town / City

Post code

2C: Representative's contact details

Daytime contact phone number ()

Other contact phone number ()

Fax number ()

Do you agree to receive communication by email? (Please tick)

Yes Email address

No

Part 2: Representative's information (continued)

2D: Declaration

I (the representative) accept the authority to act on behalf of the Minister of Immigration. I will accept service of notice, communications, and other documents on behalf of the Minister.

2E: Representative's signature

Signature	Date (day/month/year)	/	/
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Tribunal Contact Details



Immigration and Protection Tribunal
Tribunals Unit

Physical address:

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