

# TOURIST VISA REQUIREMENTS

## FOR NEW ZEALAND Multiple Entry NZeTA

Government Fees - Two people	- \$160
Discounted GenVisa Fee - Two people	- \$108
Total cost - Two people	- \$268

Government Fees - One person	- \$ 80
Discounted GenVisa Fee - One person	- \$ 54
Total cost - One person	- \$134

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format to [silversea@genvisa.com](mailto:silversea@genvisa.com)

For mail submissions please use the address below.

- **A clear High-Resolution COLOR copy of the data page of your passport in JPEG format** (pp. 2-3)  
Size requirements for email submissions: Minimum 50 KB, Maximum 1 MB in JPEG format.
- **One (1) High-Resolution Passport Photos in JPEG format**, taken within 6 months on a white background without any shadows – 2"x 2", front view, no smiling, and no glasses. No homemade photos, please!  
Size requirements for email submissions: Minimum 50 KB, Maximum 1 MB in JPEG format.
- **One completed and signed NZeTA Personal Information form with declaration** per person (enclosed).
- **Payment:** a check or money order payable to GenVisa in US Dollars and drawn on a US bank or for credit card payment please fill out enclosed CC Authorization Form (3 % credit card transaction fee will apply)

**Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format. For mail submissions, use traceable delivery.**

**Important:** Do not send your materials more than 6 months before your departure date.

Visa processing generally takes up to 2 weeks. If you need your E-Visa returned **within 7 days:** add \$45 per person for expedited service. **\*Consular fees, processing times, and forms are subject to change without notice.** For current requirements, terms and conditions, updated forms, and fees please check at: [www.genvisa.com/silverseacruises](http://www.genvisa.com/silverseacruises)

### YOUR CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**EXACT Physical** address: \_\_\_\_\_ Apt/Ste#: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date you enter New Zealand \_\_\_\_\_ **Port of arrival in New Zealand** \_\_\_\_\_

Date **you need** your E-Visa: \_\_\_\_\_ Date **you depart** the U.S.: \_\_\_\_\_

**Your E-mail address (Important):** \_\_\_\_\_ (please write in block letters)

Mail materials to:

**GENERATIONS VISA SERVICE**  
**5335 WISCONSIN AVE N.W. #380**  
**WASHINGTON D.C. 20015-2030**  
**1-800-845-8968**

**Silversea - New Zealand ETA**



CODE \_\_\_\_\_

## **Australia ETA Submission Instructions**

Dear Valued Traveler,

Due to new developments with the Australian Government ETA system, we are no longer able to assist with the Australia ETA processing.

The Australian Government system now requires all applicants to complete an ETA request with a **live** photo via the Australia ETA phone app by downloading the Australia ETA phone app via Apple Store or Google Play Store:



As a courtesy to you, below you will find helpful hints on how to submit your Australia ETA on the Australia app.

Thank you!

### **Australia App Steps:**

1. Download App via Apple Store or Google Play Store
2. Review & Acknowledge Disclaimer
3. Create a 6-digit passcode
4. Answer “NO” to the “Are you a travel agent” question
5. Click “New ETA” to start the application process
6. Follow prompts for passport data page scan and passport chip scan to preload your personal information (make sure to review all details are correct and confirm)
7. Take live photo – use tutorial if necessary
8. Input email address for code verification (the Grant notice will be sent to the email address once submitted & approved)
9. Answer declaration, criminal conviction & domestic violence questions (please note, if you answer yes to any of these questions, you will not be approved).
10. For accommodation, select “I don’t know address”, then put “on board cruise ship (ship name) or hotel name without full address.
11. Review answers and confirm.
12. Make payment (\$20 AUD)

# New Zealand Electronic Travel Authority Declaration

To the best of my knowledge the information I have provided in this form is accurate and I have answered the questions truthfully and correctly.

I understand that it is my responsibility to ensure that the passport details provided in this form match the details on the passport I intend to use when I travel to New Zealand. I have checked these details to confirm they are correct.

I understand that I must meet all other requirements to travel to New Zealand.

I understand that INZ may provide information to other agencies in New Zealand and overseas where such disclosure is required or permitted by the Privacy Act 1993, or otherwise required or permitted by law. I understand my information may be used to improve INZ's services and administration of the Immigration Act 2009.

I authorize INZ to provide information about my eligibility to travel to New Zealand, including about my NZeTA to a carrier, including via an approved online system, to facilitate my travel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name as in Passport (please print)

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## NZeTA Application Form

**Important: Your Email address will be provided to MBIE for contact purposes. YOU WILL receive two official confirmation emails from the New Zealand Immigration, one to confirm the submission of your request and another to advise you that your NZeTA was ISSUED.**

Surname/Family Name (as it appears in the passport):

First and Middle names (ALL names listed in passport):

Previous Names (list all names you have been known by):

Gender: Male ☐ Female ☐ Gender Diverse ☐

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth (city, state, country):

Current Nationality:

Nationality at Birth:

**Personal Email Address (important):**

Passport Number:

Date of Issue (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Expiry (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you an Australian Permanent Resident? Yes ☐ No ☐

Are you a resident of American Samoa? Yes ☐ No ☐

National ID # (for Non-US passport holders, if applicable):

### ELIGIBILITY QUESTIONS:

1. Will you be traveling to New Zealand for medical treatment? Yes ☐ No ☐

2. Have you ever been deported, removed or excluded from another country (Not New Zealand)? Yes ☐ No ☐

3. Are you currently prohibited from entering New Zealand following deportation from New Zealand in the past? Yes ☐ No ☐

4. Have you ever been convicted of any offence (in any country)? Yes ☐ No ☐

If you answered Yes to question #4, please answer the following questions:

1. Have you ever been convicted of an offence for which you were sentenced to 5 years or more imprisonment? Yes ☐ No ☐

2. In the last 10 years, have you been convicted of an offence for which you were sentenced to a prison term of 12 months or more? Yes ☐ No ☐

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Full Name as it appears in your Passport (please print)



## CREDIT CARD AUTHORIZATION FORM

Card issuer : \_\_\_\_\_

Credit Card Num: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Visa, MasterCard, Discover **Security Code**: (3 digits in the signature field on back of card): \_\_\_\_\_

Amex **Security Code**: (four-digit code on front of card, right side): \_\_\_\_\_

Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephones: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

This form certifies that I am the above-referenced cardholder and that I authorize

**Generations Visa Service** to charge my credit card for the following payments

**(3 % credit card transaction fee twill be added to the total amount):**

NONREFUNDABLE visa processing fees in the amount of \$\_\_\_\_\_ **US Dollars.**

By signing below, I understand and acknowledge the charges in the amount listed above.

I acknowledge payment in full is to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. Once the application is submitted for processing, I waive my right to dispute these charges.

Under the laws of the state of \_\_\_\_\_, I certify the foregoing is true and correct.

Card Holder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

2233 Wisconsin Ave N.W. # 405, Washington, DC 20007, USA

Phone: (800) 845-8968 | (202) 337-7080 Fax: (202) 337-3447