 **MFA 602**

**NOTIFICATION OF ARRIVAL OF PRIVATE DOMESTIC STAFF**

*This form must be completed for**each domestic staff member and sent to the Ministry of Foreign Affairs and Trade, Protocol Division within 10 days of arrival in New Zealand.*

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

.............................................................................................................................................

**2. EMPLOYER:**

Full Name: …………………………………………………………………………..

Status/Title: …………………………………………………………………………

**3. DOMESTIC STAFF:**

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

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

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

**5. CITIZENSHIP/S: ……………………………………………………………………...**.............

**6. PASSPORT NO:** .......................................... **Expiry Date:** ............/............/.............

*(Copy of biodata page must be enclosed with this form)*

**VISA TYPE:**........................................**Visa Expiry Date: ….…/………/……....**

**7. DATE OF ARRIVAL IN NEW ZEALAND: ………/………../……….**

**8. RESIDENTIAL ADDRESS:**

*([f 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: ................................................

Telephone No: (Area Code) .......... Number: ..........................................................................

**9. ACCOMPANYING SPOUSE/PARTNER:**

(If married, both partners must be offered employment with the same diplomatic or consular officer)

Full Name: …………………………………………………………………………………………….

Date of Birth: ……/……./…… (Day/Month/Year) Sex: Male / Female (circle)

Citizenship: .……………………………………………………………………………………………

Passport No.: ………………………………………… Expiry Date: ……../………/………..

**10. DOCUMENTS ATTACHED:**

Passport or copy of passport biodata page

1 x recent passport size photo

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

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

***For MFAT Use Only:***

*Statistics Entered: ……………………………………………..………….*