



TT Visa Services Ltd 1120 19th Street NW Suite# 415 Washington, DC. 20036

New Zealand Visa Application Center

THIRD PARTY AUTHORIZATION FORM

			Date:/
In order to provide the safe wish to authorize pick up of authorization form. The peapplicant, and provide a val	the passport(s) at the VA rson picking up the passp	C by a third party or person	on to fill out this
We will not be able to relea	se any passports to indivi	duals who do not present	this authorization
form and/or cannot presen	t a valid photo I.D.		
A 16 . N			
Applicant Name		Passport Number	
Date of Birth		Nationality	
	. DAG	SDORT AND VISA ONLINE	
		SPORT AND VISA ONLINE	to pick up my
(applicant name, please print)	(autnorize	d person's name)	
passport(s) on my behalf.			
Name of Amulianus.			
Name of Applicant:			_
Signature of Applicant:			
			_