

**International Organization for Migration (IOM) Sri Lanka
Verification Form**

Visa Type: Visit Student Work

COMPLETE THIS FORM IN CLEAR, BLOCK LETTERS. **INCOMPLETE FORMS WILL NOT BE PROCESSED.** (If you require more space to provide your complete information, feel free to attach additional sheets.)

First Name:

Family Name:

Gender:

Marital Status:

Date of Birth:

Country of Birth:

Passport No:

NIC Number:

Contact No:

E-mail Address:

Affix with glue
01 passport size photograph

PARENTAL INFORMATION

	FATHER	MOTHER
Name		
Occupation		
Address		
Phone (off)		
Phone (res)		
Mobile		
Annual Income		

Do You Intend to Finance Your Costs in New Zealand on Your Own: If Not, Provide the Details of Your Sponsor Below:

SPONSOR'S INFORMATION

Name:		Relationship to You:	
Occupation:		Nationality:	
Address	Office	Residence	
Phone (Off):	Phone (Res):	Mobile:	
Fax:	E-mail:		
Annual Income:			

EDUCATIONAL INFORMATION

Educational Interest (please circle the relevant)	(1.)High School (2.)Diploma (3.) Certificate Program (4.) Diploma Program (5.)Bachelors (5.) Masters (6.) Doctorate Others; please specify:
Subject Area of Interest	
Institution Applied to	

STATEMENT OF PURPOSE
(Please precisely describe below how your chosen area of study relates to your present qualifications, career plans, and future goals.)

PAST ACADEMIC RECORD

Name of Degree/ Academic Qualification	Name of Institution		C.G.P.A./Division Obtained

DECLARATION OF THE APPLICANT

I, _____, hereby declare that I have read, understood, and completed all the sections of this verification form and that all information provided herein and all supporting documents attached herewith are correct, accurate, and true. I understand that any false declaration/statement will jeopardize my chances of entering New Zealand. Further, I authorize the IOM to make any enquiries and contact any persons or organizations to verify all information provided herewith. I understand that I may be penalized in accordance with national and international laws if fraudulent documents are submitted, for which IOM bear no responsibility.

Applicant's Signature	Applicant's Thumb Print	Date

FOR IOM OFFICIAL USE ONLY

VERIFICATION STATUS	
SIGNATURE	IOM OFFICIAL SEAL

SUPPLEMENTARY INFORMATION SHEET

EMPLOYER INFORMATION

(For all applicants whether self-employed or working as an employee for an organization)

Your Position at the Firm	Name of Organization	Name of Organizational Head	Contact Details (Address, tel no., mobile no., fax no., e-mail)

RELATIVE INFORMATION

(If you have any relative living in New Zealand, provide details below)

Name:		Relationship to You:	
Occupation:		Nationality:	
Address	Office	Residence	
Phone (Off):		Phone (Res):	Mobile:
Fax:		E-mail:	
Annual Income:			

SIBLINGS INFORMATION

	Full Name	Highest Academic Qualification	Occupation/ Designation/ Organization	Contact Details (Address, tel no., mobile no., e-mail)	Annual Income
SIBLING # 1					
SIBLING # 2					
SIBLING # 3					
SIBLING # 4					

SPOUSE INFORMATION

Full Name	Highest Academic Qualification	Occupation/ Designation/ Organization	Contact Details (Address, tel no., mobile no., e-mail)	Annual Income

REFEREE INFORMATION

REFERENCE # 1

Name			
Nationality			
Relationship to You			
Occupation			
Designation			
Name of Organization			
Address			
Tel (Off):	Tel (Res):	Mobile:	
Fax:	E-mail:		

REFERENCE # 2

Name			
Nationality			
Relationship to You			
Occupation			
Designation			
Name of Organization			
Address			
Tel (Off):	Tel (Res):	Mobile:	
Fax:	E-mail:		

REFERENCE # 3

Name			
Nationality			
Relationship to You			
Occupation			
Designation			
Name of Organization			
Address			
Tel (Off):	Tel (Res):	Mobile:	
Fax:	E-mail:		