



AFGHAN ASSOCIATION OF NEW ZEALAND

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Support Letter Request Form

Applicant Details

Full Name*:		Photo ID No:	
Address*:			
Phone:		Mobile:	
Occupation:		Work Phone:	
Email:		Work Email:	

* Please provide one photo ID and evidence of Address, ie utility bill or bank statement (not more than 3months old)
If you requesting support letter on behalf of some else, please provide their details in the description box below.

Case Officer Details

Full Name:		Organisation	
Phone:		Mobile:	
Postal Address:			
Email:			
Application No:	(If known)		

Do you authorise AANZ to contact your Case Officer (If required)?

YES

NO

Are you member of Afghan Association of NZ?

YES

NO

Do you wish to receive news/updates from AANZ via SMS or Email?

YES

NO

Do you have any criminal/traffic charges pending against you?

YES

NO

Provide brief description of support letter required?

(if more space is required please use separate paper)

Privacy Statement

1. The information on this form is collected as part of processing your request
2. We will not disclose your personal information to third party(s), without your consent.
3. By signing below you are giving AANZ permission to contact or discuss your case with the relevant organisation or case officer

Declaration

1. The information I have provided are true, complete and correct to the best of my knowledge
2. AANZ and the author of support letter are NOT responsible for the accuracy of information I provided

Full name

Signature

Date