

**Section D****Declaration by employer**

This section must be read and signed by a person who has authority to make representations and enter into agreements on the employer's behalf.

I understand the notes and questions in this form and I declare that the information given about my business is true and correct.

I understand that further information relating to business records, sets of accounts, financial statements and other records deemed necessary may be requested.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, that I may be committing an offence under sections 342 and 348 of the Immigration Act 2009 and may be liable to prosecution.

I agree to inform Immigration New Zealand about any relevant changes to the circumstances of my business that occur after I lodge this form that may impact on current or prospective applicant's employment.

I agree to pay any Essential Skills work visa holder in my employment the remuneration required by their visa conditions.

I authorise Immigration New Zealand to:

- seek information concerning my compliance with New Zealand's immigration and employment laws from any records held by the Ministry of Business, Innovation and Employment
- make any enquiries it deems necessary in respect of the documents or information provided in respect of this form
- share information provided about me or my business with other government agencies (including overseas agencies) to the extent necessary to make decisions.

Signature



Date

05.01.2018

Name

SIDDHARTHA DOMA

Job title or position

DIRECTOR