ARRIVAL FORM

Please Read These Instructions Carefully

This form must arrive at our office AT LEAST 4 DAYS before you arrive in New Zealand
(i.e. Monday - Friday before 4.30pm NZ time)

Do you wish to be met at the airport upon your arrival?

| NO □ | Please complete the SECTION 1 of this form to let us know when you will be arriving in Hamilton. |
| YES □ | Please complete the SECTION 1 and SECTION 2 of this form. |

You will be met at Auckland or Hamilton Airport by our complimentary shuttle service and delivered to your Hamilton accommodation. This service is only possible if you inform us of your arrival details & address.

SECTION 1:

Student ID Number: __________

Family Name: __________________________

Given Name/s: __________________________

Country of Origin: ______________________

Country you are departing from: ______________________

Date of Arrival in New Zealand: __________

Drop Off Address in Hamilton: __________________________________________

If you DO NOT wish to be met at the airport please indicate when you intend to arrive in Hamilton

Date: __________ Time: __________

SECTION 2:

(Please remember to use times indicated on your tickets)

<table>
<thead>
<tr>
<th>DEPARTURE CITY OF ORIGIN</th>
<th>DEPARTURE 1ST STOPOVER</th>
<th>DEPARTURE 2ND STOPOVER</th>
<th>ARRIVAL IN NEW ZEALAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of City:</td>
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<tr>
<td>Date (day/month/year):</td>
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<td>Time:</td>
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<td>Flight Number:</td>
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<td>Airline Name:</td>
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EXTRA LUGGAGE: Please tell us if you are planning to bring extra luggage (ie. more than two suitcases) so that we can make the necessary transport arrangements. You will be responsible to pay for the extra costs this will incur.

☐ More than 2 suitcases ☐ Bicycle ☐ Surfboard ☐ Golf clubs ☐ Skis ☐ Other (please specify)________________________

If you do not inform us that you are bringing larger items they may have to be left at the Auckland airport and you will have to arrange for them to be sent down at a later stage (you will be responsible for these costs).

Send the completed form to:
International Student Accommodation Coordinator
Accommodation Services Office
Private Bag 3105
Hamilton 3240
NEW ZEALAND
Fax: +64 7 838 4058
Email: int.accom@waikato.ac.nz

Signed: __________________________

Date: __________________________