



Priv/F2

Privacy Unit  
 Ministry of Justice  
 National Office  
 P O Box 2750  
 WELLINGTON

For Office Use Only

MoJ Request Number

**REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS**

**SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY**

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- Pre-employment vetting
- Insurance Claims vetting
- Other (specify)

Tick the report required:

- All convictions report
- Traffic Convictions Report

Signature of subject and date

X

X

PRE COURSE

I wish to receive a copy of the information provided to the Third party.

Yes / No

**SECTION 2: THIRD PARTY DETAILS**

**Third Party Name Details**

Full Name of Third Party

CLEARY SHERLEY ANNE BISHOP

Full name and address of the person or agency the third party is acting for (if applicable)

ATC NEW ZEALAND

Third Party Reference Number (if applicable)

**Third Party Address Details**

P.O. Box or Street Address

21 Ruakura Rd

Suburb

City

HAMILTON

State / Province

WAIKATO

Post Code

3216

Country

NEW ZEALAND

Signature of Third Party

X [Signature]

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

## Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

## Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

## Postal Address

P.O. Box or  
Street Address

Suburb

City

State / Province

Post Code

Country

## Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

## Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

**Subject's Identification**

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

**SECTION 4: PROOF OF IDENTITY**

**ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT**  
*Subject to ask someone who can confirm their identity to fill in this section*

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

**X**

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.