



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

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

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

Third Party Reference Number (if applicable)

**Third Party Address Details**

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

Signature of Third Party

X

*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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Names - Maiden Name, Aliases

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address

P.O. Box or Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Current Residential Address

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

Previous Two Residential Addresses

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

**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.