



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

For Office Use Only

MoJ Request Number

REQUEST BY INDIVIDUAL UNDER THE PRIVACY ACT 1993 FOR A COPY OF ANY CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

I hereby request the Privacy Unit, Ministry of Justice, to provide me with the details of any criminal convictions I may have which are held on the computer systems administered by the Ministry of Justice

SECTION 1: APPLICANT'S DETAILS (Please print in pen)

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"/>

Your Reference Number (if applicable)

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"/>

Full Record of Convictions

Postal Address

Your record of criminal convictions will automatically be concealed if you meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

You can, however elect to receive a full record of your criminal convictions held on the computer systems administered by the Ministry of Justice by ticking this box. e.g. where it relates to a matter of foreign law/country (such as obtaining a visa or dealing with immigration etc.)

Please note that you should not tick this box if you are intending to give the report to a third party, such as employer or insurer. Requests for access by or for the purposes of third parties should be made on forms Priv/F2 or Priv/F3. Third parties should note it is an offence under Section 18 of the Criminal Records (Clean Slate) Act 2004 for a third party to require or request that an individual give consent to disclosure of his or her full criminal record.

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

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

Previous Two Residential Addresses

Street Address

Street Address

Suburb

Suburb

City

City

State / Province

State / Province

Post Code

Post Code

Country

Country

Identification

You must attach a photocopy of your identification. The identification may be a Driver Licence OR if you do not hold a driver licence, a Passport. If you have neither, you will need to complete Section 2.

Driver Licence

Passport

Signature of Applicant

Applicant Name (Print in block letters)

X

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.

If you wish to have access to any other personal information held about you by the Ministry of Justice, please write separately to the Privacy Officer, Ministry of Justice, P O Box 2750, Wellington giving details of the information you wish to have access to.

SECTION 2: PROOF OF IDENTITY

Priv/F1

ONLY COMPLETE IF YOU DO NOT HAVE A DRIVER LICENCE OR PASSPORT
Ask someone who can confirm your identity to fill in this section

The person who identifies you must:

- have known you 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

I declare that I have personally known:

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

Signature of identifier

for years and vouch for his/her identity

If you are unable to get someone to complete Section 2, you must complete a statutory declaration. The relevant form can be obtained from your local District Court or by contacting the Privacy Unit on 04 918 8800