



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

<p><b>For Office Use Only</b></p> <p><b>MoJ Request Number</b></p>
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**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)		
<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"/>

**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"/>

for  years and vouch for his/her identity

Signature of identifier

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