MINISTRY OF JUSTICE
Tāhū o te Ture

Request for a **criminal conviction history by a third party**

You are asking for another person's criminal conviction history. The person (applicant) must fill in pages 2-3 of this form themselves and sign and date the declaration statement. This tells us we can give their criminal conviction history to you. You, as the third party, are responsible for ensuring the information provided on this form is complete and readable, and the identification has been verified.

TIMG New Zealand Ltd (33 Botha Rd, Penrose) will collect this request information on behalf of the Ministry of Justice and provide it to us for the purpose of this request.

This form may be filled in by typing the information in the fields of the PDF or by printing the form and handwriting the information.

Step 1 **Third party to complete this section**

Third party details

Customer ID: 6294

Third party name: Staffline Limited

Your reference

Report details

If you are handwriting this form please mark the selection boxes like this ✘

Type of report: *(please choose one)* ■ All convictions ☐ Traffic convictions only

Service required: *(please choose one)*
■ Gold – 3 working days
☐ Silver – 10 working days
☐ Bronze – 15 working days

Evidence of Identity

■ *(please mark to confirm)* I confirm I have seen the individual's identification document as listed in Step 3 and I am satisfied with the correctness of the individual's identity.

Third party signature

Date signed

OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 **Your details** (please print)

Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname: First name:

Middle names (separated by commas):

Date of birth: D D M M Y Y Y Y Male Female

Place of birth:

NZ Driver Licence number: Contact number:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)

Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City: Post Code:

Street address:

Suburb:

Town/City: Post Code:

Street address:

Suburb:

Town/City: Post Code:

Step 3 Your identification

Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

- ☐ **New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- ☐ **New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- ☐ **Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.
- ☐ **New Zealand Firearms Licence** – must be current and cannot be expired or defaced.
- ☐ **Your RealMe verified identity**
- ☐ **If you do not have any of these forms of identification, you will need to complete Step 5.**

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

☐ I want a copy of the information provided to the third party. Please send via ☐ Email ☐ Post

☐ I do NOT require a copy of the report

Your signature: ✗

Date: D D M M Y Y Y Y

Step 5 **Proof of identity**

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

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 and be contactable during normal business hours
✗ Not be a relative (a relative is a person connected by blood or marriage), and
✗ Not live at the same address.

Identifier to complete

Identifier's surname:

Identifier's first name:

Identifier's middle names *(separated by commas)*:

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Telephone: Mobile:

Email:

I declare that I have personally known

Surname:

First name:

Middle names *(separated by commas)*:

For years and vouch for their identity.

Signature of the identifier: ✗