

COMPLETE ALL DETAILS ON THIS FORM AND POST TO: Mal Green, P O Box 34552. Birkenhead, Auckland 0746

P O Box 34552, Birkenhead, Auckland 0746, New Zealand  
119 Onewa Rd, Northcote, Auckland 0626, New Zealand  
Telephone 64-9-9666033 Fax 64-6-9666036  
Email: auckland@incedo.org.nz Web Site: www.incedo.org.nz



**incedo inc**

**CONSENT TO DISCLOSURE OF INFORMATION**

Licensing and Vetting Service Centre  
Office of the Commissioner  
P O Box 3017  
WELLINGTON 6140

M002290



I, .....  
(surname) (forenames)

.....  
(maiden name or any other names used)

Sex: .....male/female Date and place of birth:.....

Nationality:..... Residential Address:.....

Suburb:.....City:.....

NZ Drivers Licence number:.....

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to INCEDO INC. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of The Criminal Records (Clean Slate) Act 2004.

Signed:..... Date: .....

**COMMENTS OF THE NEW ZEALAND POLICE**