



Sub-Contractor
Personal Information

Per Individual

Personal Details

*Note: A digital Portrait photograph is to be provided for each individual (Typical Passport Photograph).

Company	FABRIL SOLUTIONS LTD
Role Description	TELECOMMUNICATION TECHNICIAN

First Name: GURVINDER
Last Name: SINGH
Date of Birth: 13/12/1992
Address Line 1: 13 TAMPIN ROAD
Address Line 2: MANUREWA
Post Code: 2102
Email Address: Gurvinder.0655@gmail.com
Mobile Number: 0226245445

Postal Address Line 1: 13 TAMPIN ROAD
Postal Address Line 2: MANUREWA
Suburb: Paparua
Post Code: 2102

In Case of Emergency Details

First Name: Jasmeet
Other Name:
Last Name: SINGH
Relationship: Friend
Physical Address Line 1: 20 Mangarata Ave
Physical Address Line 2:
Suburb: Paparua
State: Auckland
Post Code: 2025
Phone Number:
Mobile Number: 0220961502

First Name: Pardeep
Other Name:
Last Name: Singh
Relationship: Friend
Address Line 1: 13 Tampin Road
Address Line 2:
Suburb: Manurewa
State: Auckland
Post Code: 2102
Phone Number:
Mobile Number: 0220139357

Contracting Company Name: FABRIL SOLUTIONS LIMITED

List names and details of all workers engaged to work for Visionstream effective 1st May 2015

[illegible]



Criminal Records Unit
Ministry of Justice
National Office
P O Box 2750
WELLINGTON

Priv/F2

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 Criminal Records 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 *Chander Singh*

X 22/09/17

I wish to receive a copy of the information provided to the Third party.

Yes / No ☒ Yes

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)

Visionstream Pty Ltd

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

Level 6, 8 Hereford Street

Suburb

Freemans Bay

City

Auckland

State / Province

Post Code

1011

Country

New Zealand

Signature of Third Party

X

Personal Details

Surname

First Name

Middle Names (separate by comma)

SINGH

GURVINDER

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

13/12/1992

INDIA

MALE

Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

Postal Address

P.O. Box or
Street Address

13 TAMPIN ROAD

Suburb

MANUREWA

City

AUCKLAND

State / Province

AUCKLAND

Post Code

2102

Country

NEW ZEALAND

Current Residential Address

Street Address

13 TAMPIN ROAD

Suburb

MANUREWA

City

AUCKLAND

State / Province

AUCKLAND

Post Code

2102

Country

NEW ZEALAND

Daytime Phone Number

0226245445

Home Phone Number

Fax Number

Previous Two Residential Addresses

Street Address

20 MANGARATA
Avenue

Suburb

Papakura

City

Auckland

State / Province

Auckland

Post Code

2025

Street Address

Suburb

City

State / Province

Post Code

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