

IN-CONFIDENCE WHEN COMPLETED



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 Bandeel Singh

X 21/FEB/18

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

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

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.



## SECTION 3: SUBJECT'S DETAILS (Please print in pen)

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## Personal Details

Surname

STUGH

First Name

SANDEEP

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

10/06/1996

Place of Birth

JALANDHAR

Gender (Male / Female)

MALE

## Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

## Postal Address

P.O. Box or  
Street Address9 BLACKBURN  
STREET

Suburb

FRANKTON

City

HAMILTON

State / Province

HAMILTON

Post Code

3204

Country

NEW ZEALAND

## Current Residential Address

Street Address

9 BLACKBURN  
STREET

Suburb

FRANKTON

City

HAMILTON

State / Province

HAMILTON

Post Code

3204

Country

NEW ZEALAND

Daytime Phone Number

0712922691

Home Phone Number

Fax Number

## Previous Two Residential Addresses

Street Address

GB, WHA STREET

Suburb

FRANKTON

City

HAMILTON

State / Province

HAMILTON

Post Code

3204

Country

NEW ZEALAND

Street Address

Suburb

City

State / Province

Post Code

Country

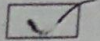


**SECTION 3: SUBJECT'S DETAILS (continued)**

**Subject's Identification**

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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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>	
	Daytime Phone Number	<input type="text"/>
	Home Phone Number	<input type="text"/>
	Fax Number	<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

**X**

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Criminal Records Unit on 04 918 8800.