

## FIELD WORKFORCE INFORMATION SHEET (Part A)

Contracting Company Name: FABRIL SOLUTIONS LIMITED

**TOTAL number of Field Workforce Information Packs required:** \_\_\_\_\_  
(On average - 1 per 4 crew members)

**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

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

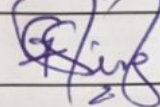
☐ Insurance Claims vetting

☐ Other (specify)

Tick the report required:

☒ All convictions report ☐ Traffic Convictions Report

Signature of subject and date

X 

X 19/1/2018

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

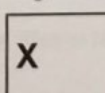
Post Code

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.



## Personal Details

Surname

SINGH

First Name

GAGAN

Middle Names (separate by comma)

DEEP

Date of Birth (DD/MM/YYYY)

30/10/1992

Place of Birth

INDIA

Gender (Male / Female)

MALE

## Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

## Postal Address

P.O. Box or  
Street Address

214 IKANUI ROAD

Suburb

FRIMLEY

City

HASTINGS

State / Province

Post Code

4120

Country

NEW ZEALAND

## Current Residential Address

Street Address

214 IKANUI ROAD

Suburb

FRIMLEY

City

HASTINGS

State / Province

HASTINGS

Post Code

4120

Country

NEW ZEALAND

Daytime Phone Number

0223755620

Home Phone Number

0223755620

Fax Number

## Previous Two Residential Addresses

Street Address

214 IKANUI ROAD

Suburb

FRIMLEY

City

HASTINGS

State / Province

HASTINGS

Post Code

4120

Country

NEW ZEALAND

Street Address

Suburb

City

State / Province

Post Code

Country

**SECTION 3: SUBJECT'S DETAILS (continued)****Priv/F2****Subject's Identification**

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

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.



|                     |  |
|---------------------|--|
| <b>visionstream</b> | <b>Sub-Contractor<br/>Personal Information</b> |
| Per Individual      |  |

### Personal Details

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

|                  |                                 |
|------------------|---------------------------------|
| Company          | FABRIL SOLUTIONS LIMITED        |
| Role Description | TELECOMMUNICATION<br>TECHNICIAN |

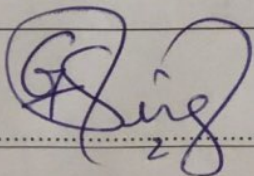
|                |                   |
|----------------|-------------------|
| First Name     | GAGAN DEEP        |
| Last Name      | SINGH             |
| Date of Birth  | 30-10-1992        |
| Address Line 1 | 214 IKANUI ROAD   |
| Address Line 2 | FRIMLEY, HASTINGS |
| Post Code      | 4120              |
| Email Address  | Gds1430@gmail.com |
| Mobile Number  |                   |

|                       |                   |
|-----------------------|-------------------|
| Postal Address Line 1 | 214 IKANUI ROAD   |
| Postal Address Line 2 |                   |
| Suburb                | FRIMLEY, HASTINGS |
| Post Code             | 4120              |

### In Case of Emergency Details

|                         |                 |
|-------------------------|-----------------|
| First Name              | JASHEET SINGH   |
| Other Name              |                 |
| Last Name               |                 |
| Relationship            | FRIEND          |
| Physical Address Line 1 | 214 IKANUI ROAD |
| Physical Address Line 2 |                 |
| Suburb                  | FRIMLEY         |
| State                   | HASTINGS        |
| Post Code               | 4120            |
| Phone Number            |                 |
| Mobile Number           | 0220961502      |

|                |                 |
|----------------|-----------------|
| First Name     | PARAMVEER       |
| Other Name     |                 |
| Last Name      | SINGH           |
| Relationship   | FRIEND          |
| Address Line 1 | 214 IKANUI ROAD |
| Address Line 2 |                 |
| Suburb         | FRIMLEY         |
| State          | HASTINGS        |
| Post Code      | 4120            |
| Phone Number   |                 |
| Mobile Number  | 0220961502      |

|  |  |
|--|--|
| Signature:  | By not completing all of the fields in this form, I acknowledge that I have either declined to, or am unable to, provide the missing details above requested by Visionstream for use in the VisRES database. |
|--|--|

All information on this form is subject to the Company's Privacy Policy, will only be used for Business Purposes, and will not be released to any third party