



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 *Ch. Suchakorn Inyay*

X 5/12/2017

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

Signature of Third Party

X

Suburb

Freemans Bay

City

Auckland

State / Province

Post Code

1011

Country

New Zealand

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

First Name

Middle Names (separate by comma)

CHELLANKI

SUDHAKAR

SWAMY

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

19/06/1993

INDIA

MALE

Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

Postal Address

P.O. Box or
Street Address

55 HOLY STREET

Suburb

AVONDALE

City

AUCKLAND

State / Province

AUCKLAND

Post Code

1026

Country

NEW ZEALAND

Current Residential Address

Street Address

55 HOLY STREET

Suburb

AVONDALE

City

AUCKLAND

State / Province

AUCKLAND

Post Code

1026

Country

NEW ZEALAND

Daytime Phone Number

0226192200

Home Phone Number

0226192200

Fax Number

Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

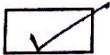
Country

SECTION 3: SUBJECT'S DETAILS (continued)

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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.