

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 *N. O'Halloran*

X 11/01/2018

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

Yes / No ☐

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)

Priv/F2

Personal Details

Surname First Name Middle Names (separate by comma)
 NALLAPATI VITAI CHOWDARY
 Date of Birth (DD/MM/YYYY) Place of Birth Gender (Male / Female)
 04/07/1990 INDIA MALE

Previous Names - Maiden Name, Aliases

Surname	First Name	Middle Names (separate by comma)

Postal Address

P.O. Box or Street Address 2/32 BERTRAND ROAD
 Suburb MT WELLINGTON
 City AUCKLAND
 State / Province AUCKLAND
 Post Code 1060
 Country NEW ZEALAND

Current Residential Address

Street Address SAME AS ABOVE
 Suburb
 City
 State / Province
 Post Code
 Country
 Daytime Phone Number 022/081441
 Home Phone Number
 Fax Number

Previous Two Residential Addresses

Street Address 3/57 TAKAPUNA ROAD
 Suburb TAKAPUNA
 City AUCKLAND
 State / Province AUCKLAND
 Post Code 2112
 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.