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

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 pe	ersonally known:	
Surname	First Name	Middle Names (separate by comma)
		Signature of identifier
	and vouch for his/her identit	X

Date of Birth (DD/MN 2 3 / 03 / 1993 Previous Names - Surname	MYYYYY) Place of Birth Gender (INDIA MAL Maiden Name, Aliases	e Names (separate b			
Postal Address P.O. Box or Street Address	78 RANGITOTO ROAD	Current Residentia	78 RANGITOTO ROAD		
Suburb [PAPATOE TOE	Suburb	PAPATOETOE		
City	MANU KAU	City	MANUKAU		
State / Province	AUCKLAND	State / Province	AUCKLAND		
Post Code	2025	Post Code	2025		
Country	NEW ZEALAND	Country	NEW ZEALAND		
		Daytime Phone N	lumber 622648 761)		
		Home Phone Nur	mber		
Previous Two R	esidential Addresses	Fax Number			
Street Address	2 19 KING STREET	Street Address			
Suburb	PAPATOE FOE	Suburb			
City	# MANUKAU	City			
State / Province	ADCKLAND	State / Province			
Post Code	2025	Post Code			
Country	NEW ZEALAND	Country			
Page 2 of 3 Form continues overleaf					

IN-CONFIDENCE WHEN COMPLETED



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

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For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

undersigned Thi	ird Party, for the purpose of:	of Justice, to release a copy of my personal information, to the				
Pre-emp	ployment vetting	Tick the report required: All convictions report Traffic Convictions Report				
Insurance	ce Claims vetting	Signature of subject and date				
Other (sp	pecify)	X Jas deep Singh X 22-01-2018				
		I wish to receive a copy of the information provided to the Third party.				
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 Third Party Reference Number						
Full name and address of the person or agency the third party is acting for (if applicable) Third Party Reference Number (if applicable)						
Visionstream Pty Ltd						
Third Party Address Details						
P.O. Box or Street Address	Level 6, 8 Hereford Street	Signature of Third Party				
Street Address		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.

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Form continues overleaf