



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 *[Signature]*

X

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.

Form continues overleaf

## Personal Details

Surname JOSEPH First Name RAJ Middle Names (separate by comma)  
ARULNATHAN JOSEPH IRUDHANA  
Date of Birth (DD/MM/YYYY) 24/09/1992 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 2/41 BENTLEY AVE  
Suburb GLENFIELD  
City AUCKLAND  
State / Province AUCKLAND  
Post Code 0629  
Country NZ

## Current Residential Address

Street Address 2/41 BENTLEY AVE, GLENFIELD  
Suburb GLENFIELD  
City AUCKLAND  
State / Province  
Post Code 0629  
Country NZ  
Daytime Phone Number 021-2255517  
Home Phone Number  
Fax Number

## Previous Two Residential Addresses

Street Address 2/41 BENTLEY AVE  
Suburb GLENFIELD  
City AUCKLAND  
State / Province  
Post Code 0629  
Country NZ

Street Address  
Suburb  
City  
State / Province  
Post Code  
Country

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

**Subject's Identification**

**Priv/F2**

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"/>	Daytime Phone Number <input type="text"/>
Suburb	<input type="text"/>	Home Phone Number <input type="text"/>
City	<input type="text"/>	Fax Number <input type="text"/>
State / Province	<input type="text"/>	
Post Code	<input type="text"/>	
Country	<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 <input type="text"/>		
for <input type="text"/> years and vouch for his/her identity	<input checked="" type="checkbox"/>	

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.