



Consent to Disclosure of Information

Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
Wellington

I,
(Surname) (Fore Names)

.....
(Maiden or any other names used)

Sex (M / F) Date & Place of birth

Nationality

Residential Address

NZ Driver Licence Number

hereby consent to disclosure by the New Zealand Police of any information they may have pursuant to this application, to Westland REAP Inc. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed Date

COMMENTS OF THE NEW ZEALAND POLICE: