



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

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)

Express Carpooling Membership

Tick the report required:

All convictions report  Traffic Convictions Report

Signature of subject and date

X

X

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

Trip Convergence Ltd, trading as Raspberry Rideshare

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

**Third Party Address Details**

P.O. Box or Street Address

17/130 Great South Road

Suburb

Epsom

City

Auckland

State / Province

Post Code

1051

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous Names - Maiden Name, Aliases**

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Postal Address**

P.O. Box or Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

**Current Residential Address**

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

**Previous Two Residential Addresses**

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

**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.