



Consent to Disclosure of Information

Personal Information	
Name:	_____ (First Names) _____ (Surname)
Maiden Name or Other Names Used:	_____
Address:	_____
Suburb:	_____ City: _____ Post Code: _____
Date of Birth:	_____ Sex: _____ Nationality: _____ (DD / MM / YYYY) (M / F)
Place of Birth:	_____
NZ Drivers Licence Number:	_____

Company Information	
Name of Company:	_____
Current MAF Facility registration code (if applicable):	_____
Phone Number: () _____	Mobile: _____ Fax: () _____
Name of facility managing director:	_____
Email address for MAF communications:	_____

Declaration	
I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application to MAF Biosecurity New Zealand. 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.	
Signature: _____	Date: _____

MAF USE ONLY	
MAF to forward this form with a self-addressed, stamped envelope to: Licensing & Vetting Service Centre, Office of the Commissioner, PO Box 3017, Wellington 6140	
Comments of the New Zealand Police	

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