

## Consent to Disclosure of Information

Personal Information	
Name:	<input style="width: 40%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 100px;">(First Names)</span> <input style="width: 40%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 10px;">(Surname)</span>
Maiden Name or Other Names Used:	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
Address:	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
Suburb:	<input style="width: 25%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 10px;">City:</span> <input style="width: 30%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 10px;">Post Code:</span> <input style="width: 15%; border: none; border-bottom: 1px solid black;" type="text"/>
Date of Birth:	<input style="width: 20%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 5px;">(DD / MM / YYYY)</span> <span style="margin-left: 10px;">Sex:</span> <input style="width: 5%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 5px;">(M / F)</span> <span style="margin-left: 10px;">Nationality:</span> <input style="width: 40%; border: none; border-bottom: 1px solid black;" type="text"/>
Place of Birth:	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
NZ Drivers Licence Number:	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>

Company Information	
Name of Company:	<input style="width: 85%; border: none; border-bottom: 1px solid black;" type="text"/>
Current MAFBNZ Facility registration code (if applicable):	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
Phone Number:    (    )	<span style="margin-left: 10px;">Mobile:</span> <input style="width: 20%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 10px;">Fax:</span> <input style="width: 10%; border: none; border-bottom: 1px solid black;" type="text"/> <span style="margin-left: 5px;">(    )</span>
Name of facility managing director:	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
Email address for MAFBNZ communications:	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>

Declaration	
<p>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.</p>	
Signature:	Date:

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

### M80201