

CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Police National Headquarters
PO Box 3017
WELLINGTON 6140

I,.....
(Surname) (Fore Names)

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

Sex.....(M/F) Date and place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to **Treble Cone Ltd** 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 State) Act 2004.

Signed..... Date.....

COMMENTS OF THE NEW ZEALAND POLICE

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