

**APPLICATION FOR LAW ENFORCEMENT INFORMATION**

Liaison Officer  
Vetting Service Centre  
Police National Headquarters  
PO Box 3017  
Wellington  
New Zealand

Fax Number (+64) 4 799 1065

**Applicant Information:**

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Any other names by which applicant is or has been known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F (tick one)

Place and Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

New Zealand Driver's  
Licence Number (if held): \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Place Issued: \_\_\_\_\_

Current address (in full): \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Foreign Government  
Authority to which  
information is to be sent: \_\_\_\_\_

Fax Number: \_\_\_\_\_

*Note: Providing a fax number is authorisation  
that the information may be returned by fax*

Full Postal Address: \_\_\_\_\_

For Attention of: \_\_\_\_\_

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application to (..... )  
*Name of foreign government authority).*

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_