



CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
Wellington 6140

Form fields for personal information including Surname, Fore Names, Maiden names, Date of Birth, Place of Birth, Nationality, Sex, Residential Address, Suburb, City, NZ Drivers Licence Number, and RDA Group.

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the NEW ZEALAND RIDING FOR THE DISABLED ASSOCIATION INCORPORATED. I understand that any record of criminal convictions I might have will be automatically concealed if I meet the criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

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

COMMENTS OF THE NEW ZEALAND POLICE