



Level 2, Deloitte House, 10 Brandon Street, Wellington
 PO Box 25-371, Panama Street, Wellington. 6146
 0800 FOR REAA Fax: 04 815 8468

www.reaa.govt.nz

CONSENT TO DISCLOSURE OF INFORMATION

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

I _____

| | |
|----------------|--------------------|
| Surname | Given Names |
|----------------|--------------------|

Other names *[specify any other name(s) that you use or have used]*

| | |
|--|-----------------------|
| Date of Birth ___ / ___ / _____ (dd/mm/yyyy) | Place of Birth |
|--|-----------------------|

| | |
|--------------------|------------------|
| Nationality | Sex (M/F) |
|--------------------|------------------|

Residential Address:

Street

Suburb

City Post Code

New Zealand Driver licence number _____

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the Real Estate Agents Authority. 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.

| | |
|--------|------|
| Signed | Date |
|--------|------|

Office Use only

COMMENTS OF THE NEW ZEALAND POLICE

REAA REF: _____