



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

CONSENT TO DISCLOSURE OF INFORMATION

I
(Surname) (Fore Names)

..... Sex (M/F)
(Maiden or any other names used)

Date of birth 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 the **National Operations Manager, New Wine 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.

Signed Date

COMMENTS OF THE NEW ZEALAND POLICE