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CONSENT TO DISCLOSURE OF INFORMATION

Vetting and Validation Section
Licensing & Vetting Service Centre
PO Box 3017
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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 ECE Consultants. 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