

www.insolvency.govt.nz | 0508 INSOLVENCY | 0508 467 658

Include the completed form with your application or return to the Insolvency and Trustee Service by: Email |

applications@insolvency.govt.nz Post | Private Bag 4714, Christchurch

Privacy Waiver

Authority to disclose, receive, and discuss specified personal information

To: The New Zealand Insolvency and Trustee Service, a business unit of the Ministry of Business, Innovation and Employment

Full name:	
Insolvency number (if known):	

I, _____, an applicant for, or currently entered into, a formal insolvency procedure administered by the New Zealand Insolvency and Trustee Service ("NZITS"):

- Confirm that I have read and understand NZITS' [Copyright, Privacy policy & Disclaimer](#)
- Authorise NZITS to disclose and discuss information held by NZITS about me, my application, financial affairs, and my insolvency estate generally to the person(s) listed below on my behalf;
- Authorise NZITS to receive information from my authorised person(s) and to use it for the purpose it is provided (e.g., to administer, evaluate, or to action and respond to the information provided);
- Acknowledge that I may revoke this authority at any time by notice in writing to NZITS;
- Intend that this authority is effective from the date of this document until the earlier of (1) I am discharged from my current insolvency procedure or (2) I revoke this authority by notice in writing to NZITS, whichever occurs first. If my application is rejected this authority will be simultaneously and automatically revoked.

Authorised persons:

<i>NOTE: Where a contact person is named, NZITS will deal only with that person. Otherwise, NZITS may deal with any representative of the organisation named.</i>	
Organisation:	
Contact person:	
Relationship to me:	
Contact details:	
Organisation:	
Contact person:	
Relationship to me:	
Contact details:	

This authority is given in terms of the Information Privacy Principles set out in the Privacy Act 2020. I acknowledge that I have the right to access all information held by NZITS about me, and to request correction of that information.

Signed: _____

Date: / /