

About this form:

This form is to be used when requesting information that NAIT LTD may hold. To ensure your request is processed promptly please ensure all fields are completed prior to submission

Applications to access non-personal information may be approved if it is for one of the purposes set out in section 40 of the NAIT Act. NAIT will not grant any direct access to the NAIT database, except for the Crown or an approved agency fulfilling a purpose of the sort set out in section 40 of the NAIT Act.

NAIT will decide on applications to access data based on their merits according to the provisions of the NAIT Act

Organisation / Applicant Details:

Full name:

e.g. John Smith

Organisation / Entity Name:

e.g. Business Incorporated

Address

Road Number & Name*

e.g. 123 Lake Ferry Road

or

PO Box / Private Bag

e.g. PO Box 123 or Private Bag 123

Suburb / Rural Delivery*

e.g. RD1 or Roseneath

Town / City*

e.g. Martinborough

Postcode*

e.g. 1234

If you have both a postal and a physical address for your organisation, please record your postal address here.

You can find your postcode by going to: tools.nzpost.co.nz/tools/address-postcode-finder

Data Request Details:

I / We request access to data from NAIT as follows:

Access to the NAIT Number Bulk Enquiry interface

State exactly what is being requested. Specify what data items are required and any parameters that are applicable. Please attach an additional page to this form if more space is required.

Data Request Details (cont):

Purpose for which the data will be used:

To check/verify the NAIT number or other contact details of a customer ordering NAIT tags

Please describe what you intend to use the data for. Please be as specific as possible.

When is the data required?

Format: dd/mm/yyyy

Is this an urgent request? (please tick)

Yes

No

If request is urgent please state why it is urgent:

Is this an ongoing request? (please tick)

Yes

No

If yes, at what frequency will you require this data: (please tick)

Daily

Weekly

Monthly

Quarterly

Annually

Other:

As required

Data Distribution and Storage:

Other Parties / Persons

Please list all other persons or groups of people who will have access to the data requested or any derivative or derived product from the data. If the data will be distributed, please include all persons or groups of people that will receive the data. If you require more space, please attach an additional page to this form.

How will the data be stored and secured?

Please state how the data will be stored and secured while in your possession.

How is the data required to be supplied?

Signature of Authorisation:

I declare the information enclosed in this form is true and correct

Signature:

Signature of applicant or authorised signatory

Signed by:

e.g. John Smith

Date:

Format: dd/mm/yyyy

Email:

e.g. j.smith@xtra.co.nz

If applying electronically, please supply email address