

**Application in relation to the
Identity Information Confirmation Act 2012**

Application to approve Agency and vary Confirmation Agreement

The purpose of this application is for CENTRIX GROUP LIMITED to add an Agency to the list of approved Agencies in Appendix A of Schedule 2 to its Agreement dated 08 MAY 2018.

An Intermediary must not carry out an Identity Information Check on behalf of an Agency unless the Agency is approved by the Department and/or Registrar-General of Births, Deaths and Marriages, and included in the Intermediary's Agreement.

If accepted by the Department and/or Registrar-General, this application will vary CENTRIX GROUP LIMITED's Agreement by adding the Agency to Appendix A to Schedule 2.

The application must therefore be signed on behalf of the Intermediary by a person with the authority to vary the Agreement.

The variation will take effect from the date it is accepted by the Department and/or Registrar-General. The Department will notify the Intermediary's Agreement Manager and provide a copy of the signed variation.

General information – this section to be completed by Agency

Q1 Name of Agency to be added _____

Note: This is the name as it appears on the Companies or Charities register etc.

Physical Address _____

Postal Address _____

Website Address _____

Q2 Agency's NZBN, ABN or other country's equivalentt _____

Charities registration number _____

If agency is not in either of these registers, provide details of its legal status

Q3 Please provide information detailing the nature of the agency's business, including its core functions.

Q4 Please provide information detailing all purposes for which the agency will carry out identity information checks and the reasons why the proposed identity information checks need to be carried out.

Security & Risk Management

Q5	Do you have, and can you provide evidence of:	Yes	No
	• A Privacy Policy	<input type="checkbox"/>	<input type="checkbox"/>
	• An Information Security Policy	<input type="checkbox"/>	<input type="checkbox"/>
	• A Risk Management Policy	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the URL to your privacy policy or attach a hard copy to this application

Declaration by Agency

I declare that the information provided herein is complete and accurate.

I confirm that I have the authority to answer on behalf of the organisation.

Signed: _____ Dated: _____

Name: _____

Position: _____

EXECUTION

Signed by the Chief Executive,
Department of Internal Affairs or
delegate

Signature

Name

Date

Signed by the Registrar-General,
Births, Deaths and Marriages or delegate

Signature

Name

Date

Signed by Centrix Group Limited

Signature

Name

Position

Date