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 _____

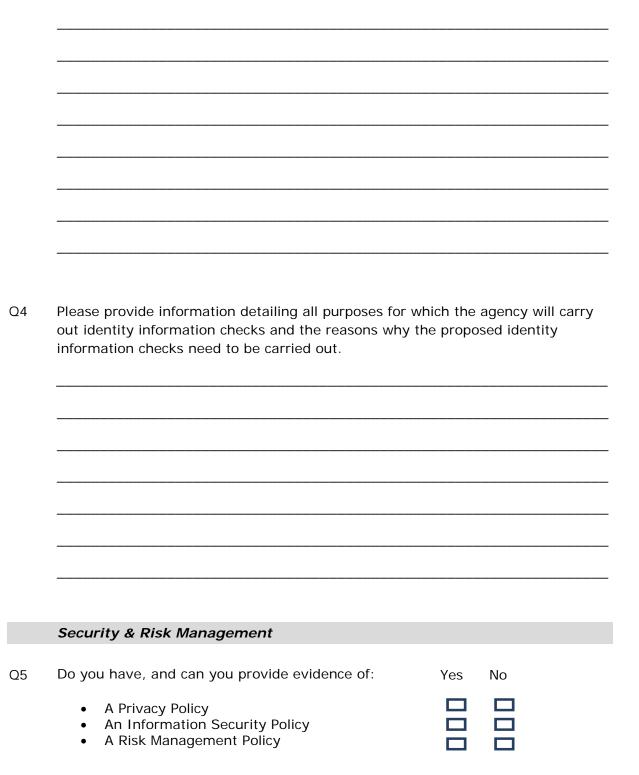
Website Address

Q2 Agency's NZBN, ABN or other country's equivalent

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.



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

- Q6 Do you have documented plans for:
 - Security Incidents
 - Business Continuity / Disaster Recovery

Yes	No

Q7 Please provide details of any other relevant information regarding your Security and Risk Management practices, for example, the results of any relevant IT security assessment or audit or demonstrated compliance with the New Zealand Information Security Manual or equivalent:

Record of Compliance

Q8 Has the agency been found in breach of the New Zealand Privacy Act 2020 or any other relevant legislation or regulation; or any serious information security breaches either in New Zealand or overseas within the past five years?

No		

Yes 🗖

If yes please provide details on a separate sheet

Declaration by Agency

I declare that the information provided he	rein is complete and accurate.
I confirm that I have the authority to answ	wer on behalf of the organisation.
Signed:	Dated:
Name:	
Position:	
EXECUTION	
Signed by the Chief Executive,	Signed by the Registrar-General,
Department of Internal Affairs or	Births, Deaths and Marriages or delegate
delegate	
Signature	Signature
Name	Name
Date	Date
Signed by Centrix Group Limited	
Signature	
Name	

Position

Date