



Te Uniana Whakanama Pirihimana

POLICE HELPING POLICE

Nomination form for Director of the Police and Families Credit Union

Nominations close at 4pm on Monday 30 June 2025.

Level 11, 57 Willis Street
PO Box 12344, Wellington 6144
Phone: 0800 429 000
Website: www.policecu.org.nz
The Police & Families Credit Union is not a registered bank

Name of the person being nominated

<input type="text"/> <i>First Name(s)</i>	<input type="text"/> <i>Surname</i>
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Position being nominated for (✓ Please tick)

☐ Director

Name of the first person making this nomination

<input type="text"/> <i>First Name(s)</i>	<input type="text"/> <i>Surname</i>
<input type="text"/> <i>Member Number</i>	<input type="text"/> <i>Signature</i>

Name of the second person making this nomination

<input type="text"/> <i>First Name(s)</i>	<input type="text"/> <i>Surname</i>
<input type="text"/> <i>Member Number</i>	<input type="text"/> <i>Signature</i>

Acceptance of Nomination for (✓ Please tick)

☐ Director

I,

<input type="text"/> <i>First Name(s)</i>	<input type="text"/> <i>Surname</i>	<input type="text"/> <i>Member Number</i>
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being a member of the Police and Families Credit Union, do hereby accept the above nomination for Director.
The Police and Families Credit Union is registered on the Financial Services Providers Register where the names of its Directors are published. A Director must not be deemed a disqualified person as per the Financial Service Providers (Registration and Disputes Resolution) Act 2008 and must meet the suitability criteria for Directors under the Non-bank Deposit Takers Act 2013. I agree to Police Vetting (and have completed the Consent to Disclosure of Information form on page 2), and agree to a Credit Check (and have completed the Authority form on page 3) being completed, at the time of my nomination form being received by the Police and Families Credit Union. I acknowledge that if I am successfully voted into the position of Director, the appointment will still be subject to approval by the Reserve Bank of New Zealand.

Contact address

Work Phone

Home Phone

Mobile Phone

Signature

Date

Nomination forms should be marked confidential and sent to the Returning Officer:
Emailed to amy.linwood@policecu.org.nz or posted to Amy Linwood, PO Box 12 344, Wellington

May 2025

Section 2: Person being vetted to complete and return to agency

** Denotes a mandatory field*

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)

* First/Middle name(s)

* Gender

* Date of birth

Place of birth
(Town/ City/ State)

* Country of birth

NZ Driver Licence number

2.2 Previous names if applicable

Please include other alias or alternate names; married name if not your primary name; previous/ maiden/ name changed by deed poll or statutory declaration. Please include ALL names (first, middle and last) for each alias/previous name.

Family name

First name

Middle names

2.3 Permanent residential address

* Flat/ Number/ Street

* Suburb

Post Code

* Town/ City

Section 3: Person being vetted to complete and return to agency

3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
 - b. Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>



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Authority for the Police and Families Credit Union to obtain access to an individual's credit information held by a credit reporting agency (Privacy Act 1993)

I (applicant's - full name)

Address

Date of Birth

Drivers Licence number

hereby authorise the Police and Families Credit Union to obtain access to my credit information file held by a credit reporting agency (under the Privacy Act 1993).

This authority only applies to enquiries made in connection with the Non-bank Deposit Takers Act 2013 and the ongoing suitability assessments of potential or existing Board members and Executives under the licencing regulations.

Signature

Date
