

Information Release Form – United Kingdom



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Authority to release information

Agreement on Social Security between the United Kingdom and New Zealand

STATEMENT

Please read this statement carefully and sign below.

Authority for Work and Income to exchange personal information with the Department for Work and Pensions United Kingdom

I authorise Work and Income to pass on my personal information to the Department for Work and Pensions.

I understand that –

- My personal information is required to assess my entitlement to a United Kingdom Pension, and for other relevant purposes and functions of the Department for Work and Pensions;
- My personal information is being supplied under the authority of the Social Welfare (Reciprocity with the United Kingdom) Order 1990 and the New Zealand Social Welfare (Transitional Provisions) Act 1990; and that
- I have the right of access to and correction of my personal information on the file with Work and Income under the New Zealand Privacy Act 1993.

STATEMENT

Authority for the Department for Work and Pensions, United Kingdom to exchange personal information with Work and Income

I authorise the Department for Work and Pensions to pass on my personal information to Work and Income

I understand that –

- My personal information is required to assess my entitlement to a New Zealand benefit, and for other relevant purposes and functions of Work and Income;
- My personal information is being supplied under the authority of the Social Welfare (Reciprocity with the United Kingdom) Order 1990 and the New Zealand Social Welfare (Transitional Provisions) Act 1990; and that
- I have the right of access to and correction of my personal information on the file with Work and Income under the New Zealand Privacy Act 1993.

YOUR DETAILS

Your name:

Mrs Miss Ms Mr No title Other

First name(s)

Surname

Work and Income Client Number: (if known)

National Insurance Number: (if known)

Please sign here

Date

Day

Month

Year

or signature of attorney or other authorised agent of client

Please complete and return to International Services, Work and Income, PO Box 27 178, Wellington