# Personal information Agent: Request for correction form



#### Please use blue or black pen and write in BLOCK LETTERS

Your Name (note: a copy of your authority must be attached)

First name\*

When to use this form? To request a correction to personal information of an individual you legally represent. Under the privacy laws in New Zealand and if applicable, the European Union General Data Protection Regulation (GDPR), you have the right to request a correction to an individual's personal information and if you provide a statement of correction, you have the right to request that the information is attached to the individual's information. For further information on your rights to access personal information please visit <code>bnz.co.nz/privacy/rights</code>. If we decline your request, you have the right to make a complaint to the Privacy Commissioner who can be contacted at privacy.org.nz

Please complete the following information (fields marked \* are mandatory):

Middle name	
Last name*	
Authority type*	
Your contact details	
Email address	
Mobile	
Telephone	
Relationship to individual	
(tick preferred) Email Mol	bile Telephone
Name of the individual the	request relates to:
First name*	
Middle name	
Last name*	
Date of birth*	
D D M M Y Y	
Individual's current reside	ontial adduses.
	ential address:
Address*	
Suburb*	
	Postcode*
Suburb*  Town/City*  Country*	
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What Information is to be corrected? What does it relate to?* e.g employment, matrimonial, insurance, other			
e.g chipoynich, madinional, misdance, other			
Have you made an access request (relating to this request) in the last 12 months?	Yes		
Reference number			
Is a statement of correction attached?	Yes		
Specific details of the information to be corrected*			
What period does this information cover?*			
Start date End date			
D D M M Y Y D D M M Y Y			
ls it urgent?			
Reason for urgency			

## Things to know

## Right to withdraw

You have the right to withdraw your request at any time by contacting us.

#### Fees may apply

In some circumstances fees may apply. If so, we will discuss this with you before proceeding with the request.

### When to expect a confirmation

As soon as practicable and usually within 20 working days from the date we receive your request.

## **Declaration and Authority**

By signing this form:

- I declare that I am legally authorised to represent the individual named in the form;
- b. I authorise the BNZ and related companies to share information about the individual for the purpose of responding to my request and
- c. I authorise the BNZ and related companies to contact me, including by email, phone, text or post, to update me about this request; and
- d. I confirm the above information is correct.

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#### Please send this form to

Branch: Your nearest BNZ branch. Email: privacy@bnz.co.nz

Post: BNZ, Private Bag 39806, Wellington Mail Centre.

Lower Hutt 5045, New Zealand