

Authorised person

If the person under 16 years is unable to complete and sign this form, an authorised person may complete it on their behalf.

Note: Please attach a copy of the authorisation to this form

acting for

I have completed this application on the liable parent's behalf.

Full name of person with authorisation

Full name of person

Signature

Date

Please send this completed form to: Child Support, PO Box 39010, Wellington Mail Centre, Lower Hutt 5045

Privacy

Meeting your child support obligations means giving us accurate information so we can assess your liabilities and entitlements under the Child Support Act 1991.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

If you ask for the personal information we hold about you, we'll give it to you and correct any errors, unless we have a lawful reason not to. Call us on 0800 221 221 for more information. For full details of our privacy policy go to www.ird.govt.nz (search keyword: privacy).