

Application Form: Special exception to make cash deposits

*Required Answers

Applicant's Details

As it appears on the identification accompanying this application

1. Full legal name *

As it appears on identification.

2. Contact email address (required if postal address not given below) Preferred for correspondence - leave blank if no email address.

3. Full postal address (required if email address not given above) For correspondence.

4. Phone number *

Corrections staff may be in contact for any clarifications.

5. Select which identification type you are providing*

Please attach clear photocopy - do not send originals.

) Driver Licence

) Passport

SuperGold card with photo

|) | Other | (please | state) | > |
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Prisoner Details

Please complete a separate application form for each prisoner

6. Select the prison the prisoner is detained in (at present): *

Tick one only. Contact Auckland South Corrections Facility if the prisoner is there for detail of their cash deposit process.

| 0 | Northland Region Corrections Facility | 0 | Auckland Prison |
|------------|---------------------------------------|---|--|
| 0 | Mt Eden Corrections Facility | 0 | Auckland Region Women's Corrections Facility |
| 0 | Spring Hill Corrections Facility | 0 | Waikeria Prison |
| 0 | Tongariro Prison | 0 | Hawke's Bay Regional Prison |
| 0 | Manawatū Prison | 0 | Whanganui Prison |
| 0 | Arohata Prison | 0 | Rimutaka Prison |
| 0 | Christchurch Men's Prison | 0 | Christchurch Women's Prison |
| 0 | Rolleston Prison | 0 | Otago Corrections Facility |
| \bigcirc | Invercargill Prison | | |

7. Provide the Personal Record Number (PRN) of the prisoner: *

Please ask prisoner to supply or refer to Corrections website to request prisoner's consent to release this to you.

8. Describe the nature of your relationship to the prisoner: *



Reason you can't make a bank transfer deposit

9. State the reason you are not able to access a bank account to make bank transfer deposits: *

Please attach any evidence to support your application (e.g letter from a bank, letter from a medical practitioner, letter from a budget adviser)

) I can't apply for a bank account because: (Give a reason and attach evidence)

I have applied for a bank account and have been denied because: (Give a reason and attach evidence)

) I shouldn't operate a bank account because: (Give a reason and attach evidence)

Other (Given a reason and attach evidence)

10. Are you able to make a cash deposit in person at the prison where the prisoner is detained? *



No (Give a reason):







Signature of applicant:

Date:

Privacy Statement

The information on this form is collected for the purpose of assessing an applicant's eligibility for a special exception to make a cash deposit into a Corrections trust bank account. This information is only used by our Trust administration staff and the relevant General Manager.

Applicants have the right to ask for a copy of any personal information Corrections holds about them, and to ask for it to be corrected if they think it is wrong. Applicants who would like a copy of their information, or to have it corrected, can contact Corrections at info@corrections.govt.nz

