



Criminal Records Unit
Ministry of Justice
Email: CCHonline@justice.govt.nz

Invoice Form

Please enter your invoice details

Please ensure this form is signed by the service contact

Legal Entity Name

Ministry of Justice to complete.

Legal Entity ID

Ministry of Justice to complete.

Registered Company
Number

Ministry of Justice to complete.

Title	Your Invoice Details	Description
Invoice Contact		Enter the name of the person we contact about invoices.
Invoice Contact Email		Enter the email for the invoice contact.
Invoice Email		Enter the email that we will send invoices to
Purchase Order Number		Enter the purchase order number to appear on your invoices (if applicable).
Reference		Enter the reference to appear on your invoices (if applicable).
Street/PO Box		Enter the Street/PO Box.
Suburb		Enter the Suburb.
City		Enter the City.
Province		Enter the Province.
Country		Enter the Country.

Service contact name:

Signature:

Date:



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Title	Your Invoice Details	Description
Postcode		Enter the Post Code.
GST (Y/N)		Are you a registered New Zealand business? (Y/N) If Y, GST will be applied on your invoices.
Overseas Bank Account (Y/N)		Will you be paying from a bank account outside of New Zealand? (Y/N) If Y, your invoice will include an additional charge of \$27 to cover an overseas bank transaction cost.

Service contact name:

Signature:

Date: