

**INFORMATION ACT
APPLICATION TO CORRECT PERSONAL INFORMATION**

Details of Applicant

Surname: _____ **First Name(s):** _____

Preferred Title: Mr / Dr / Mrs / Ms / Miss (please circle) **Other:** _____

Name of person you are applying on behalf of: _____

Address for Correspondence: _____

Email Address: _____

Contact Numbers: A/H: _____ Mobile: _____

B/H: _____ Fax: _____

(Please indicate preferred method of contact)

Privacy: The *Information Act* requires you to supply your name and an address for correspondence and identification. Additional contact details will assist the organisation to deal with your application in a timely manner. Personal information supplied in the course of an application may be used or disclosed in order to deal with the application and any review or complaint arising from the application.

Details of Information to be corrected

(Please provide as much detail as you can in regard to the information sought to be corrected. Attach additional information if required)

Name of organisation holding the personal information:

The document(s) described below contain(s) my personal information:

.....

.....

.....

The personal information that you are applying to be corrected:

.....

.....

.....

The reason(s) why I claim the personal information is inaccurate, incomplete or out of date:

.....

.....

.....

I request that my personal information be corrected in the following way:

.....

.....

.....

Identification

Under Section 18 of the Act the Public Sector Organisation must be satisfied as to your identity before it accepts your application. The Department of Natural Resources, Environment, the Arts and Sport will accept the following forms of identification; Drivers Licence, Passport or some other card or document that identifies who you are. A copy of your ID will be kept on file for three months after the file is closed.

If you are lodging your application by post, facsimile or e-mail an authenticated copy of your identification must be supplied either by a Commissioner of Oaths, member of the Police Force, Registered Nurse, or a person who has known you for five years or more. You will be contacted if more information is required by the organisation to satisfy itself as to your identity.

Declaration

I (*Applicants Full Name*) _____ certify that all the information supplied by me concerning this application is complete and correct. I accept that the information provided by me in this application may also be disclosed to other persons and/or bodies where such disclosure is required by law.

Declared at _____ on _____ day of _____,
(Location) (Day) (Month) (Year)

SIGNATURE 

_____ Date: _____

Notes: (Section 146)

1. A person providing false or misleading information or statements to a public sector organisation or the Commissioner is liable to a penalty of \$22,000 or 12 months imprisonment.
2. A person knowingly making a false or misleading statement or a material omission in a statement for the purpose of gaining access to another's personal information or another persons business, professional, commercial or financial affairs is liable to a penalty of \$11,000 or 6 months imprisonment.

Mailing Address:
Information Unit, Legal Services
PO BOX 496 PALMERSTON NT 0830

Office Use Only:

Reference / Request Number: _____

Date Application Received: _____

Satisfied as to the Identity of the Applicant: Yes / No (please circle)

Basis for Satisfaction of Identity: _____

Receiving Officer's Name: (please print) _____

Signature of Receiving Officer: _____