THE HUMAN RIGHTS REVIEW TRIBUNAL

Enforcement of compliance notice - Reply



(under the Privacy Act 2020)

When to use this form

Use this form if you are named by the Privacy Commissioner as a defendant in proceedings for the enforcement of a compliance notice under section 130 of the Privacy Act 2020 and you wish to file a 'Reply' in response to these proceedings.

Completing this form

- Print clearly in CAPITALS. Use a black pen or blue pen when completing this form.
- Please file four physical copies of this 'Reply', by posting or by handing them in to the Secretary of the Tribunal at the address shown at the end of this form. You must also serve a copy of this 'Reply' on the Privacy Commissioner.
- Answer every question on the form unless the instructions tell you otherwise.

Before you continue

Please tick to confirm the following:

A compliance notice has been issued by the Privacy Commissioner;

The notice has been fully complied with by the date specified; and

You have reported to the Privacy Commissioner on steps taken to comply with the notice.

Please fill in all sections below:

First	Middle	Surname
nobile number		
e/mobile number _		
_	n for this reply. Please choose one	and give the details.
red contact option		and give the details.

Postal address	-	
	Street	
	Suburb	City
	State (if outside NZ)	Post code
	Country	
Do you require a	n interpreter during the hearin	ng?
Yes. In what la	nguage?	No.
Do you have a re	epresentative (a lawyer or an a	uthorised person acting on your behalf)?
Yes.		No. Then proceed to Step 2
If yes, please fill in	n the details below.	
Tick the relevant b	oox:	
My repres	entative is my lawyer.	
Name and signa	ture (first defendant)	Date
Name and Signa	ture (IIIst delendant)	Date
Name of lawyer of authorised repre		
Name of compar	ny (if applicable)	
Phone/mobile nu	ımber	
Email address _		
Postal address		
	Street	
	Suburb	City
		
	State (if outside NZ)	Post code
	Country	

I agree to ac defendant.	cept all notices and other com	munications relating to this application on behalf of th	ie
Representative's	signature	Date	
Second de	efendant (if applica	able)	
Name First	Middle	Surname	
Phone/mobile nu	ımber		
		Please choose one and give the details.	
Email	Postal address	<u>-</u>	
Email address _			
Postal address	Street		
	Suburb	City	
	State (if outside NZ)	Post code	
	Country		
Do you require a	n interpreter during the hear	ing?	
Yes. In what la	nguage?	No.	
Do you have a re	presentative (a lawyer or an	authorised person acting on your behalf)?	
Yes.		No. Then please go to Step 2	
If yes, please fill in	n the details below.		
Tick the relevant I	oox:		
My repres	entative is my lawyer.		
	entative is a non-lawyer and I nalf against the Privacy Commi	give my authorisation for this person (named below) to ssioner.	o act

Name and signa	ture (second defendant)	Date	
Name of represe	entative		
Name of compar	ny (if applicable)		
Phone/mobile nu	umber		
Email address			_
Postal address	Street		
	Suburb	City	
	State (if outside NZ)	Post code	
	Country		
		Date that that compliance notice has	
1			
2			

3
4
Please provide evidence you have reported to the Privacy Commissioner on steps you have taken to comply with the compliance notice.
1
2
3

4					
If you need additional space, please attach a separate s	heet of paper.				
Name and signature (first defendant)	Date				
Name and signature (second defendant)	Date				
Pour physical copies of your 'Reply' to the enforcement of compliance notice Please tick to confirm you have served a copy of your 'Reply' on the Privacy Commissioner					
Step 4. Send in this form					
Please hand in the completed form and additional copies to	the Secretary at the address below or post to:				
The Secretary The Human Rights Review Tribunal Tribunals Unit Ministry of Justice SX 11159, Wellington Level 1, 86 Customhouse Quay, Wellington 6011					
If you need more help filling in this form, please call (04) 462	6660 or email hrrt@justice.govt.nz				
or visit www.justice.govt.nz/hrrt					