


PAYMENTS ENQUIRY FORM

 Please print clearly

Only the person named on the original notice or an authorised representative of the individual, company or incorporated body named on the original notice can request a search of payment.

(Please note: Fines are payable within 28 days of the original notice. A reminder notice is automatically generated at the end of this period giving a further 28 days to finalise this matter with Police. **This reminder notice also provides you with a copy of the original offence information and Summary of Rights.**)

(Please note: Police cannot action a Court Hearing request for any notice that has either been paid or transferred to the Fines Collection Unit of the Ministry of Justice. The option of payment to the Police is no longer available once a Court Hearing has been processed.)

Police Notice
Number:

P

Details Shown on Notice:

First
Name(s):

Date of Birth:

Surname:

Email for
response:

Vehicle
Reg. No.

NZ Drivers
Licence No:

I have: *(Tick one box)*

☐

Paid an incorrect notice and request
transfer of payment

Notice number paid:

Transfer to Notice No.:

P

☐

Paid my notice and request a payment trace

☐

Paid the Police Infringement Bureau instead of the
Ministry of Justice. Please transfer my payment. CRN No.:

☐

Paid my notice to Police but received notification from the Ministry of Justice. Please trace my payment.

☐

Paid my notice to Police but received a reminder notice. Please trace my payment.

☐

Double paid my notice and request a refund.

☐

Other (Please provide details)

Proof Payment attached:

	Copy of Bank Statement	
	Receipt of credit card payment	
	To trace a credit card payment please provide the first 6 and last 3 digits of the credit card used:	
	Westpac Bank receipt	

If you are not named on the original notice please fill out this section.

	I am authorised to act on the above individual, company or incorporated body's behalf.
	I am authorised to act on behalf of the notice holder and have attached a signed Authority to Act on Behalf Form (Pro-Forma).

Full Name of Requester

Name:			
Signed:		Date:	

Complete this form and send it to:

Email: **payment@police.govt.nz**

Address: **Police Infringement Bureau, PO Box 9147, Wellington 6141**

For more information visit: **www.police.govt.nz**

or **FREEPHONE 0800 105 777**