



## Transfer Agreement

(for the transfer of public records to Archives New Zealand under section 21 of the Public Records Act 2005)

**Please complete sections 1, 2 & 3**

### 1. Transfer Details

Controlling Public Office:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Phone: (    )	<input type="text"/>
		Fax: (    )	<input type="text"/>
Contact Officer:	<input type="text"/>		
Previous Creating Office/s	<input type="text"/>	Office/s that created or managed the records (Only add if different to controlling public office).	
Quantity of records:	<input type="text"/>	Disposal Authority No.:	<input type="text"/>
	<small>Quantities should be expressed in the most appropriate measure, e.g. 5 linear metres. 50 London boxes</small>	<small>Cite the reference on the Disposal Authority covering the records being transferred. If you do not have a Disposal Authority contact Archives New Zealand.</small>	
Format of records:	<input type="text"/>		
	<small>This should describe the physical form of the records, e.g. maps, files, CD-ROM</small>		

### 2. Access

A separate Access Authority must be completed and submitted with the Transfer Agreement, **unless** the records being deposited are covered by an existing authority - in which case cite the relevant Access Authority. If a new authority is being submitted the Access Authority Number will be assigned by Archives New Zealand.

The access conditions to apply to the records being deposited are specified on **Access Authority Number:**

### 3. Controlling Public Office's authorisation

I request that Archives New Zealand take possession of the records on the list. The records have been prepared in accordance with Archives New Zealand's instructions.

List reference:	<input type="text"/>	<small>The electronic file reference or title under which you are submitting the list to Archives New Zealand</small>
Approved by:	Name: <input type="text"/> Position: <input type="text"/>	Date: <input type="text"/>
Signature:	<input type="text"/>	<small>Must be approved by the administrative head of the controlling public office or officer acting under delegated authority.</small>

**Archives New Zealand will complete section 4 and return a copy for your record**

### 4. Archives New Zealand's acceptance

Archives New Zealand acknowledges receipt of the records on the list. The list submitted **has / has not\*** been amended.

\*Delete whichever does not apply

Accession number:	<input type="text"/>	Agency code:	<input type="text"/>	Archives file reference:	<input type="text"/>
Signature:	<input type="text"/>	Date Signed:	<input type="text"/>		
Designation:	<input type="text"/>	Transfer Date:	<input type="text"/>		
Records transferred to:	<small>Tick the appropriate box</small>				
	Auckland	Wellington	Christchurch	Dunedin	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	