FY	Agency	Client Number	First Name	Surname	Other Names	Date of Birth	Requested by	Type of Information Check	Date Sent	Date Responded	Response	Number of Records Provided	Confirmed	Type of Action	Adverse Action Letter/Phone Call Required	Date Adverse Letter Sent	Date Adverse Phone Call Made

Comment	Issues Identified	Description of Difficulties	Mitigation & Actions	Contested	Date_Received	Resolution_Date	Contest Upheld	Date_Paid	Type of Payment	Amount-NZD	Approval_Authority	Date of Audit	Audited by	Follow-up Required (Y/N)