

Transfer Agreement Form

Section 21(1) of the *Public Records Act 2005* (the Act) states that every public office must transfer into the control of the Chief Archivist public information and records that have been in existence for 25 years. In addition, under section 21(2) of the Act, public information and records of archival value may be transferred to the control of the Chief Archivist, prior to the expiry of the 25 year period, if agreed in writing by the Chief Archivist and the administrative head of the controlling public office. This agreement allows for the transfer of such records under section 21(1) and 21(2)(b) of the Act.

1. Identifying Information

Public office	<i>State the full name of the controlling public office</i> <input type="text"/>
Contact	<i>State the name and position of the public office contact person</i> <input type="text"/>

2. Transfer Agreement Details

Disposal Authority number	DA
Quantity of information and records (<i>Quantities expressed in the most appropriate measure e.g. linear metres or 50 London boxes</i>)	
Format of information and records (<i>Format should describe the physical form e.g. files, maps, digital formats</i>)	
Access Authority number	AA
Accession number	
Transfer List reference	
File reference	
Age of information and records being transferred	Tick box
Information and records being transferred are less than 25 years of age	
Information and records being transferred have been in existence for 25 years	
Information and records being transferred are a combination of less than 25 years of age and those that have been in existence for 25 years	
Archives New Zealand Office being transferred to: (tick the box that applies)	
Auckland Office	<input type="checkbox"/>
Wellington Office	<input type="checkbox"/>
Christchurch Office	<input type="checkbox"/>
Dunedin Office	<input type="checkbox"/>
Approved Repository	<input type="checkbox"/>

3. Public Office Agreement

I request that Archives New Zealand take possession of the information and records referenced in the Transfer List. The information and records have been prepared in accordance with Archives New Zealand's instructions.

Date

Administrative head of controlling public office

Name:

Title:

4. Agreement by the Chief Archivist

I agree to the transfer of these information and records referenced above in the Transfer List

Date

Chief Archivist/Delegated Authority

Name:

Title:

5. Agreement by Approved Repository (if applicable)

State the full name of the Approved Repository

**Approved
Repository
Name**

I agree to accept deposit of the information and records transferred above. The information and records will be cared for in accordance with issued standards and instructions and remain under the control of the Chief Archivist. I agree to abide by the access conditions, if any, specified on the Access Authority.

Date

Administrative Head of Approved Repository/Delegated Authority

Name:

Title: