 **Nov 2020**

**NEW SUPPLIER SET UP or SUPPLIER REACTIVATION REQUEST**

**FOR CONTRACT FOR SERVICE**

***Supplier Details:***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplier’s Full Business Name:** | | | | |  | | | | | | | | | | | | | **P/Soft Supplier ID #:** | |
| **Trading As:** | | | | |  | | | | | | | | | | | | | **Short Vendor Name:** | |
| **Supplier’s Postal Address:** PO Box or Private Bag No: | | | | | | | | | | | | | | | | | | | |
| Suburb | | |  | | | | | | | | | Country | |  | | | | | |
| City | | |  | | | | | | | | | Post Code | |  | | | | | |
| **Supplier’s Physical Address if different:** Number / Street : | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | City: | | |  | | | | | Post Code | | |  |
| **Supplier’s Contact Details :** | | | | | | | | | | | | | | | | | | | |
| **Phone** |  | | | | | | Fax | | |  | | | **Mobile** | |  | | | | |
| **E mail for Purchase Orders** | | | | | |  | | | | | | | | | | | | | |
| **GST Registered in NZ?** | | | | Yes / No | | | | | **NZ GST Number:** | | | | | | | |  | | |
| **NZ Withholding tax?** | | | | Yes / No | | | | | **NZ IRD Number if applicable** | | | | | | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BANKING INSTRUCTIONS** | | | Payment Method: EFT(preferred) / Other(specify) | | |
| **Currency** | NZ Dollar / Other : | | | **Bank A/C Number** | **Please supply support document** |
| **Bank** |  | | |  |  |
| **Email for Remittance** | |  | | | |
| **Unitec Payment Terms** | | All Payments are made 20th of the month following the date of the invoice | | | |

***Unitec Staff to provide all information in this section:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **New Supplier?** | Yes / No | **Contract for Service** | | Yes / No | | |
| **Please explain what goods or services this supplier will provide** |  | | | | | |
| **Anticipated Annual Spend** | **$** | | | | | |
| **Please explain what process was used to select this new supplier** | Attach supporting information such as quotes, offer evaluation or emails | | | | | |
| **Please advise the people who were involved in the selection process** |  | | | | | |
| 1. Do you have employees doing similar work to that which will be done by the person? | | | | | Yes  No | |
| 2. Will the person decide the charges for their services? | | | | | No  Yes | |
| 3. Will the person be entitled to delegate to his/her staff or subcontract the work or aspects of it to other contractors? | | | | | No  Yes | |
| 4. Will Unitec train the person for the role? | | | | | Yes  No | |
| 5. Will the person perform the work without supervision or close direction by the contracting manager as to how they perform it? | | | | | No  Yes | |
| 6. Is the person going to be subject to the same general conditions and policies as employees? | | | | | Yes  No | |
| 7. Does the person get the same privileges/perks as employees? | | | | | Yes  No | |
| 8. Will the person be entitled to sick pay or holiday pay when absent due to illness or on holiday? | | | | | Yes  No | |
| 9. If the person is absent, will they be permitted to arrange a replacement? | | | | | No  Yes | |
| 10. Will the person be permitted to undertake other work for himself/herself or other principals during the term of the contract? | | | | | No  Yes | |
| **Requesting Unitec Staff** | **Print Name** | | **Signature** | | | **Date** |
| Requested by: |  | |  | | |  |
| Requester Email |  | | Requesting Department | | |  |