 **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 |  |