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| Finance form | Title: Professional Services Form |  | Version: 10-11-2020 |
| 139 Carrington Road, Private Bag 92 025 Auckland, New Zealand Phone (649) 815 4321, Fax (649) 815 |
| **PROFESSIONAL SERVICES** |
| **Name:** |
| **Address:** |
| **IRD No.:**  | **GST Number (If registered):**  |
| **Mobile No:** |  |  | **Email Address:** |
| **I provided professional service on:** |
| **Date:** |  |  | **For** |  |  | (*Hours* ) |
| **Details of the service provided:** |
|  |
|  |
| It is a condition of this agreement that at all times throughout your engagement with Unitec and after |
| termination of the engagement, you shall: |
| a) | keep all Unitec information confidential |  |  |  |  |
| b) | not directly or indirectly use or disclose to any other person any knowledge or confidential information |
|  | concerning Unitec |  |  |  |  |  |  |
| c) | upon request by Unitec, return to Unitec all documents, disks, records and information of any description |
|  | concerning Unitec |  |  |  |  |  |  |
| • | If you are required by law to disclose any information concerning Unitec, you shall immediately, and prior to such disclosure, advise Unitec. |
| • | The above confidentiality obligations shall survive termination or cancellation of this agreement. |
| • | Nothing concerning this agreement shall be construed as creating an employment relationship between the parties |
|  |  |  |  |  |  |  |  |
| **AN IR330C HAS BEEN COMPLETED AND IS ATTACHED.**where the service provided is subject to withholding tax (Tax code WT) |
| **Please attach a bank document stating your bank name (logo), bank account number and bank account name. This document could be a deposit slip, a bank statement, a letter from the bank or a screenshot from internet banking.** |
| **I authorise Unitec New Zealand Limited to deposit my fee to the following bank account.** |
| **Bank Account Name: *(please print)***  |
| **Please sign and date your acceptance of the terms and conditions of this agreement.** |
| **Date:**  |  |  | **Signed:**  |
| **HEAD OF SCHOOL / MANAGER TO COMPLETE:** |
| I authorise a payment of: $ |  |  | (plus GST, if applicable) for professional service as above. |
| **To be charged against:** |
| GL Code: | Dept Code |  |  | Project/Pro | duct Code |  |
| **Name:**  |  |  | **Signatures:**  |
| **Head of School / Manager with appropriate delegated financial authority** |
| **Name of the requester or business administrator:** |
| This form (in lieu of PO) to be forwarded to Accounts with invoice, if applicable (i.e. if GST registered and/or incorporated company) |
| © Unitec 2020: Confidential to Unitec New Zealand Limited | MyUnitec Portal/ Finance/ Finance form |  | Page 1 of 1 |