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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 | | |