**New Organisation Request**

\* Red Text indicates mandatory information required to create the Organisation in Kiritaki (TECs Customer Relationship Management System).

All other fields are optional, but if the information is available please include on this form.

Information from Kiritaki will be imported to TechnologyOne for Financial purposes.

Return the signed completed form to Service Management within Customer Contact group.

# Organisation Details

|  |  |
| --- | --- |
| **Information**  | **Requested for Creation** |
| **Legal Name of Organisation\*** | Click here to enter text. |
| **Trading As** | Click here to enter text. |
| **Main Phone\*** | Click here to enter text. |
| **Category\*** |  |
| **TEO Sub Category\****(Only required for TEO Category)* |  |
| **Non-TEO Sub Category\*** *(Required for any other Category)* |  |
| **Funding Status\****(Only required for TEO Category)* |  |
| **MoE EDUMIS Number** | Click here to enter text. |
| **Organisation Email** | Click here to enter text. |
| **Organisation Website** | Click here to enter text. |
| **Also Known As** | Click here to enter text. |
| **Previously Known As** | Click here to enter text. |
| **Parent Organisation** | Click here to enter text. |
| **Physical address**StreetSuburbCityPost Code | Click here to enter text. |
| **Postal address**StreetSuburbCityPost CodePO Box / Private Bag | Click here to enter text. |

# Contact Details

**Lead Contact**

**NOTE:** the contact record must already exist for the Contact to be linked to the Organisation

|  |  |
| --- | --- |
| **Information**  | **Requested for Linking** |
| **Lead Contact Name\*** | Click here to enter text. |

**Signatories:**

List the people **authorised** to sign legal documents on behalf of the organisation:

|  |  |  |
| --- | --- | --- |
| **Name:** | **Position:** | **Signature:** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. |  |

I confirm that I have read and understood the conditions associated with receiving funding from the Tertiary Education Commission (TEC). I also understand that any false information provided to the TEC will be regarded as an attempt to defraud. I understand that in order to be eligible for funding I am required to provide all necessary information as documented on the TEC website.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

Director / CEO / Principal

**Important note** **for all providers:**

* Please fill out Notification of Bank Account for Direct Crediting.
* Please attach a copy of a verified / printed bank deposit slip to confirm your account number

# Notification of Bank Account for Direct Crediting

The TEC requires this information for funding advice notices and remittance advices. An Organisation needs to provide this information only when the Organisation submits an initial application or when its bank account details change. The TEC will not pay until the Organisation returns this form.

|  |  |  |
| --- | --- | --- |
| **Organisation name:** | **EDUMIS number** |  |
| Trading name*If different from above*  | Click here to enter text. |
| Postal address  | Click here to enter text. |
| Phone number  | Click here to enter text. | Fax Click here to enter text. |
| Email address *for remittance advice*  | Click here to enter text. |
| GST Number | Click here to enter text. | NZBN Click here to enter text. |
| Bank and Branch | Click here to enter text. |
|  |  |  |  |
| Bank | Branch | Account Number | Suffix |
| ***Please attach a pre-printed bank deposit slip to enable payments to be made directly to your bank account****.* |
| **Director / CEO / Principal** *Circle one*Signature:  | Name:Click here to enter text.Date :  |
| Fully completed form | Bank deposit slip attached |
| **Please send to the TEC Customer Contact Group Service Management Team:** **CustomerService@tec.govt.nz** |
| **Physical Address:** **Level 10,44 The Terrace****Wellington 6141** **Phone number: 0800 601 301** | **Postal Address:****PO Box 27048****Wellington 6141** |
| **TEC Use Only:**  |  |
| **Service Management Team:**This information is for *(tick one)*  A **new** Organisation  A **change** to existing detailsKiritaki has been updated and details sent to the Financial Services team |
| Bank account forms attachedPDF of all documentation sent to Financial Services team**TEC Advisor** (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ |
| **Financial Services Team (Manager)**: |
| TechnologyOne information has been updated by Kiritaki correctly (including Organisation name, Email address, AP / AR details)TechnologyOne information has been updated correctly (including Bank Account number, GST number, NZBN)Fund Management advised the Creditor and Debtor has been created in for new Organisations |
| **Corporate Payments Officer** (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ |