

THE PROFESSIONAL BAR AND RESTAURANT **SCHOOL**

Consultancy Application Form

Please submit a **company profile, company registration certificate and references** with this application. Please return a signed application form and all documents to THE PROFESSIONAL BAR AND RESTAURANT SCHOOL Head Office: PO Box 147-076, Ponsonby, Auckland, New Zealand. Alternatively, you may e-mail this form to annaleis@barcourse.co.nz or fax to +64 9 368 5970. NB: All sections on both pages of this application must be complete.

Consultant Details

Type of Company: Private Company π Government Department π Other π

Company Name: _____

Contact Person's Name: Mr/Mrs/Ms/Miss _____

Position: _____

Postal Address: _____

Street Address: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

Internet Site: _____

Will you be promoting The Professional Bar and Restaurant School on your website? _____

Name of Representative in New Zealand (if applicable): _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Description of Business

Year of Establishment:

Country/Cities Covered:

Are you a member of, or registered with any professional associations?

What checks to do you/would you have in place to ensure students meet our English language requirements?

What services do you provide for your students? i.e Immigration/translation/preparation etc...

How do you advertise and recruit/How will you be promoting the Professional Bar School? Please provide website address/copy of publication(s)/flyers or details of seminars/fairs/school visits where possible.

How did you find out about The Professional Bar and Restaurant School?

Number of students referred to New Zealand schools in last 12 months: _____

To which Institutions: _____

Number of students referred to schools in other countries in last 12 months: _____

How many students do you realistically expect to send to The Professional Bar School in the next twelve months? _____

Commission payment details

GST Registration Number: _____ (applicable to NZ agents who are registered for GST only)

IRD Number: _____ (applicable to NZ agents who are NOT registered for GST only)

Please note that under New Zealand tax regulations, THE PROFESSIONAL BAR AND RESTAURANT SCHOOL is required by the IRD to deduct withholding tax of 20% from commission payments to non-GST registered agents (35% for non-declarations). These consultants are also to fill in an IRD330 form.

Please select one of the following methods of payment:

By Cheque π Payee Name: _____

Or Postal Address: _____

Bank Draft π _____

By Telegraphic Transfer π

Payee Name: _____

Bank Name: _____ Bank Branch: _____

Bank Address: _____

Bank Account No.: _____

Currency* to be remitted in: _____

* Please remit payments in New Zealand dollars. When this is not possible please remit in U.S. dollars.

I certify that the responses provided on this form and any attachments are true and complete, and that to the best of my knowledge I have not withheld any information which may affect my application. I authorise The Professional Bar and Restaurant School Ltd to check information supplied as well as checking the submitted references.

Signature: _____ Date: _____