|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSULTANCY SERVICE AGREEMENT**  **SCHEDULE** | | | | |
| **CONSULTANT** | NAME: | | | |
| ADDRESS: | | | |
| ABN: | | | |
| **CONSULTANT’S CONTRACT**  **MANAGER** | NAME: | | | |
| ADDRESS: | | | |
| PHONE: | | | |
| FAX: | | | |
| EMAIL: | | | |
| **{COMPANY NAME}’S**  **CONTRACT MANAGER** | NAME: | | | |
| ADDRESS: | | | |
| PHONE: | | | |
| EMAIL: | | | |
| FAX: | | | |
| **SERVICES** | | | | |
| **COMMENCEMENT**  **DATE** |  | **COMPLETION DATE** | |  |
| **MILESTONES** | DATE | | DELIVERABLE | |
| **FEE** | $ | |  | |
| **PAYMENT TERMS** |  | | | |
| **CONSULTANT’S**  **INSURANCE** |  | | | |
| **SPECIAL CONDITIONS**  **(IF ANY)** |  | | | |
| **OTHER CONTRACT**  **DOCUMENTS (IF ANY)** |  | | | |