

UNCLASSIFIED

ORDER FORM
Framework Agreement

FROM

Customer	Cabinet Office
Service Address	1 Horse Guards Road, London SW1P 2HQ
Invoice Address	SSCL Accounts Payable, Room 6124, Tomlinson House, Norcross, Blackpool FY5 3TA
Contact Ref	Ref: [REDACTED] Phone: [REDACTED] e-mail: [REDACTED]
Order Number	PO to follow <i>To be quoted on all correspondence relating to this Order.</i>
Order Date	24/08/2016

TO

Service Provider	CDS
For attention of	[REDACTED]
E-mail	[REDACTED]
Telephone number	[REDACTED]
Address	7 Eastgate, Leeds, LS2 7LY

1. SERVICES REQUIREMENTS

(1.1) **Services Required:** GIS Mapping in accordance with CDS Proposal below:



CDS Proposal GIS
Mapping Final.docx

(1.2) **Commencement Date:** 05 September 2016


(1.3) **Price Payable by Customer:** £52,650 + VAT (maximum cost)

(1.4) **Completion Date:** 16 December 2016

2. PERFORMANCE OF THE SERVICES

(2.1) **Key Personnel of the Service Provider to be involved in the Services:**

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(2.2) Service Level Targets: As set out in Section 7 of the related Framework Agreement
(2.3) Contract Monitoring Arrangements: Fortnightly via the Programme Plan

3. CONFIDENTIAL INFORMATION
(3.1) The following information shall be deemed Commercially Sensitive Information or Confidential Information: Not applicable
(3.2) Duration that the information shall be deemed Commercially Sensitive Information or Confidential Information: Not applicable

BY SIGNING AND RETURNING THIS ORDER FORM THE SERVICE PROVIDER AGREES to enter a legally binding Call-Off Contract with the Customer to provide to the Customer the Services specified in this Order Form incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Agreement and the Terms and Conditions of the Framework Agreement entered into by the Service Provider and the Authority or Other Contracting Body on 27 March 2013

For and on behalf of the Service Provider:

Name and Title	
Signature	
Date	30/8/16

For and on behalf of the Customer:

Name and Title	
Signature	
Date	20, 9/16

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