

**COMMUNITY HEALTH PARTNERSHIPS**

**and**

**SUPPLIER**

**Provision of Soft FM Building Services**

**REF: RM6232**

**Lot 3C**

**Joint Schedule 10 (Rectification Plan)**

|  |
| --- |
| **Request for [Revised] Rectification Plan** |
| Details of the Default: | [**Guidance:** Explain the Default, with clear schedule and clause references as appropriate] |
| Deadline for receiving the [Revised] Rectification Plan: | [**add** date (minimum 10 days from request)] |
| Signed by [CCS/Buyer] : |  | Date: |  |
| **Supplier [Revised] Rectification Plan** |
| Cause of the Default | [**add** cause] |
| Anticipated impact assessment:  | [**add** impact] |
| Actual effect of Default: | [**add** effect] |
| Steps to be taken to rectification: | **Steps** | **Timescale**  |
| 1. | [date] |
| 2. | [date] |
| 3. | [date] |
| 4. | [date] |
| […] | [date] |
| Timescale for complete Rectification of Default  | [X] Working Days  |
| Steps taken to prevent recurrence of Default | **Steps** | **Timescale**  |
| 1. | [date] |
| 2. | [date] |
| 3. | [date] |
| 4. | [date] |
| […] | [date] |
| Signed by the Supplier: |  | Date: |  |
| **Review of Rectification Plan** [CCS/Buyer] |
| Outcome of review  | [Plan Accepted] [Plan Rejected] [Revised Plan Requested] |
| Reasons for Rejection (if applicable)  | [**add** reasons] |
| Signed by [CCS/Buyer] |  | Date: |  |