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/Client]:		Date:		
Agency [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]		

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Signed by the Agency:		Date:		
Review of Rectification Plan [CCS/Client]				
Outcome of review	[Plan Accepted] [Plan Rejected] [Revised Plan Requested]			
Reasons for Rejection (if applicable)	[add reasons]			
Signed by [CCS/Client]		Date:		