|  |  |
| --- | --- |
| Commercial Directorate | |
| DVLA  Longview Road  Morriston  Swansea SA6 7JL | |
| Phone: | 01792 662190 |
| www.gov.uk/browse/driving | |
| @dvlagovuk | |
| Your ref: |  |
| Our ref: | PS/23/119 |
| Date: | 14/12/2023 |

The Supplier

**CONTRACT REFERENCE NUMBER: PS/23/119**

**CONTRACT TITLE:**

**FRAMEWORK REFERENCE NUMBER: RM1557.13**

Dear Sirs

On behalf of the Secretary of State for Transport, I accept your service offering **743109923775913, 739100510426731, 537327864522573, 626308057219905, 716255712256306 and 371303538004592** under the terms and conditions of framework RM1557.13. This letter and the document listed below form a binding contract between you and the Department for Transport.

1. The terms and conditions for Framework reference RM1557.13

The period of the contract will be **36 months,** commencing on **8th January 2024** and expiring on **7th January 2027**.

The Firm Price for the Contract is **£173,910.00 (over 3 years inclusive of £3,000 set up fees) if optional extension is executed the price is £230,880.00** exclusive of Value Added Tax.

You must be in possession of a written purchase order (PO), before commencing any work, or supplying any goods, under this contract. The Purchase Order Number for this contract will follow shortly. Invoices submitted to the Department **must also quote the PO number** and must be submitted in accordance with DVLA’s Invoicing Procedures below



**Please ensure invoices are sent to Shared Services arvato (SSa) and not DVLA. Invoices received without the correct PO Number will be returned to you and will delay receipt of payment.**

All proposed offshoring activity of Official level data outside the UK, under this contract, will be subject to prior approval by the Department/Government, as appropriate.

Please contact the Contract Owner Amanda Finn at Amanda.finn@dvla.gov.uk, to discuss arrangements for commencement of the contract.

Please confirm your acceptance of the Conditions by signing and returning the Order Form along with any requested Schedules/Annexes, within 7 days from the date of this Award Form. No other form of acknowledgement will be accepted. Please remember to include the reference number above in any future communications relating to this contract.

The “Order Form” will be countersigned and will create a binding contract between the two named parties.

Yours sincerely,

Category Lead

Commercial Directorate

**By authority of the Secretary of State for Transport**

**Annex A**

|  |  |
| --- | --- |
| **SUPPLIER DETAILS** | |
| **Supplier Name** |  |
| **Supplier Address** |  |
| **Post Code** |  |
| **Country** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Account Manager Name** |  |
| **Account Manager Email** |  |
| **Business Email:** *(if not Basware enabled, this is the address purchase orders and remittance advice notes will be sent)* |  |
| **UK VAT Registered? Y/N** |  |
| **UK VAT Registration Number** |  |
| **If Non-UK Supplier, is Supply Type**  *Goods or Services?* |  |
| **DUNS Number** |  |
| **BANK DETAILS** | |
| **Type of Account – Bank or Building Society?** |  |
| **Confirm if account is - Business or Personal** |  |
| **Bank/Building Society Name** |  |
| **Supplier’s Bank/Building Society Account Name** *(if different to Supplier Name)* |  |
| **Sort Code** |  |
| **Account Number** |  |
| **Building Society Roll Number** *if applicable* |  |
| **IBAN (international bank account number)** *If applicable* |  |
| **SWIFT/BIC (International Bank Code)** *if applicable* |  |
| **CONSTRUCTION INDUSTRY TAX DEDUCUTION SCHEME – if applicable** | |
| **Address of Registered Office** |  |
| **Company Registered Number** |  |
| **Subcontractor Tax Certificate Type** |  |
| **Subcontractor Tax Certificate Number** |  |
| **Date of Expiry of the Tax Certificate** |  |