

Framework Schedule 6 (Order Form Template and Call-Off Schedules)  
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Order Form

CALL-OFF REFERENCE: TIS0717

THE BUYER: The Insolvency Service

BUYER ADDRESS

[Redacted]

[Redacted]

[Redacted]

[Redacted]

THE SUPPLIER: PSL Print Management Ltd

SUPPLIER ADDRESS:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

REGISTRATION NUMBER: 02084294

DUNS NUMBER: 298813080

SID4GOV ID: Not Applicable

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**APPLICABLE FRAMEWORK CONTRACT**

This Order Form is for the provision of the Call-Off Deliverables and dated 4<sup>th</sup> July 2024.

It's issued under the Framework Contract with the reference number **RM6170** for the provision of print management services for the Insolvency Service.

CALL-OFF LOT(S):  
Lot 2

**CALL-OFF INCORPORATED TERMS:**

The following documents are incorporated into this Call-Off Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) **RM6170**
3. The following Schedules in equal order of precedence:

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- Joint Schedules for **RM6170**

- Joint Schedule 2 (Variation Form)
- Joint Schedule 3 (Insurance Requirements)
- Joint Schedule 4 (Commercially Sensitive Information)
- Joint Schedule 10 (Rectification Plan)
- Joint Schedule 11 (Processing Data)
- Joint Schedule 13 (Continuous Improvement)

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- Joint Schedule 14 (Benchmarking)

- Call-Off Schedules for **RM6170**

- Call-Off Schedule 5 (Pricing Details)
- Call-Off Schedule 9 (Security)
- Call-Off Schedule 20 (Call-Off Specification)

- 4. CCS Core Terms (version 3.0.8)
- 5. Joint Schedule 5 (Corporate Social Responsibility) **RM6170**
- 6. Call-Off Schedule 4 (Call-Off Tender)

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

CALL-OFF SPECIAL TERMS  
None

CALL-OFF START DATE: 4<sup>th</sup> July 2024  
CALL-OFF EXPIRY DATE: 4<sup>th</sup> July 2026  
CALL-OFF INITIAL PERIOD: 2 years (+1+1 years)

CALL-OFF DELIVERABLES:  
See details in Call-Off Schedule 20 (Call-Off Specification)

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**MAXIMUM LIABILITY:**

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

The Estimated Year 1 Charges used to calculate liability in the first Contract Year is:

[REDACTED]

**CALL-OFF CHARGES:**

See details in Call-Off Schedule 5 (Pricing Details)

**REIMBURSABLE EXPENSES:**

None

**PAYMENT METHOD:**

Payment of undisputed invoices will be made within 30 days of receipt of invoice, which must be submitted promptly by the Supplier.

All invoices must be sent, quoting a valid Purchase Order Number (PO Number) and any other relevant details, to: [REDACTED]

Within 10 Working Days of receipt of your countersigned copy of this Order Form, we will send you a unique PO Number. You must be in receipt of a valid PO Number before submitting an invoice.

INSS has a No PO (Purchase Order) No PAY (Payment) policy. All Invoices must comply with the No PO No Pay Policy to be considered valid and be paid. A valid Supplier Invoice shall include the following:

- Valid INSS Purchase Order Number;
- INSS Contract Reference Number;
- Invoice must accurately map to the line items within the Purchase Order, i.e. Line Descriptions, Number of Units and Unit Price.

INSS may make reasonable changes to its invoicing requirements during the Term by providing 30 calendar days written notice to the Supplier.

Please note that Payment Terms, notably lead times for payment of invoices, shall be directly tied to the No PO, No Pay Policy. Those without a valid PO number may be returned to the Supplier. In such cases, the lead time for payment of invoices shall not begin until a valid PO is received.

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If you have a query regarding an outstanding payment please contact our Accounts Payable team either by email to: [REDACTED] between 09:00-17:00 Monday to Friday.

**BUYER'S INVOICE ADDRESS:**

The Insolvency Service

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**BUYER'S AUTHORISED REPRESENTATIVE:**

[REDACTED]  
[REDACTED]  
[REDACTED]

**BUYER'S ENVIRONMENTAL POLICY**

TIS0717 Appendix A INSS Environmental Policy

TIS0717 Appendix B INSS Sustainability Strategy

**BUYER'S SECURITY POLICY**

TIS0717 Appendix D INSS Information Risk Policy (IG.ISMS.D.5.2)

TIS0717 Appendix E INSS Physical Security Management Plan 2022

TIS0717 Appendix F INSS Physical Security Policy

**SUPPLIER'S AUTHORISED REPRESENTATIVE**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] - [REDACTED]  
[REDACTED]

**SUPPLIER'S CONTRACT MANAGER**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] - [REDACTED]  
[REDACTED]

**PROGRESS REPORT FREQUENCY**

Monthly MI Reporting.

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**PROGRESS MEETING FREQUENCY**  
Bi-annual (twice yearly) contract management meetings.

**KEY STAFF**  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted] – [Redacted]  
[Redacted]

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted] – [Redacted]  
[Redacted]

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted] – [Redacted]  
[Redacted]

**KEY SUBCONTRACTOR(S)**  
[Redacted]

**COMMERCIALLY SENSITIVE INFORMATION**  
Joint Schedule 4 - Commercially Sensitive Information

**SERVICE CREDITS**  
Not applicable

**ADDITIONAL INSURANCES**  
Not applicable

**GUARANTEE**  
Not applicable

**SOCIAL VALUE COMMITMENT**  
TIS0717 Appendix C INSS Social Value Policy

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For and on behalf of the Supplier:		For and on behalf of the Buyer:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:		Date:	

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