

Department for Digital, Culture, Media & Sport

Schedule 11 – Change Forms

Department for
Digital, Culture,
Media & Sport

Schedule 11 (Change Forms)

These Change Forms are to be used in order to change a Contract in accordance with Clause 48 (Changing the Contract Procedure). Words and expressions in these Change Forms shall have the meanings given to them in the Contract.

Part 1 – Change Request

CHANGE REQUEST		
CONTRACT NO:	[Please state]	
CHANGE NO:	[Please state]	
DATE RAISED:	[Please state]	
CHANGE INITIATED BY:	[Please state Authority or Supplier]	
DESCRIPTION OF THE PROPOSED CHANGE: [Please state]		
FAST TRACK CHANGE PROCEDURE PROPOSED IN RELATION TO CHANGE?	[Yes/No]	
CHANGE IMPACT ASSESSMENT ESTIMATE TO BE PROVIDED WITHIN	[Authority to state period within ten (10) Working Days of the date of the Change Request / Not applicable]* * Change Impact Assessment Estimate is only required to be provided by the Supplier where the Authority issues the Change Request	
CHANGE IMPACT ASSESSMENT TO BE PROVIDED WITHIN:	[Authority to state period]	
PROPOSED DATE FOR CHANGE:	[Please state]	
SUBMITTED TO:	[Please state]	
REQUESTING PARTY:	[Please state]	
SIGNED:		
NAME:		
DATE:		

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[Please state]
[Please state]



Part 2 – Change Impact Assessment

CHANGE IMPACT ASSESSMENT		
CONTRACT NO:	[Please state]	
CHANGE NO:	[Please state]	
SUPPLIER'S CHANGE IMPACT ASSESSMENT:		
Descriptive summary:	[Please state]	
Proposed drafting Changes:	[Please state]	
Proposed change to the Average Connection Life (if applicable):	[Please state]	
Details of the impacts of proposed Changes:		
Details of impact on risk, reward and liability:	[Please state]	
	[Please state]	
Compliance with applicable Change in Law:		
	[Please state]	
Reasonable level justification and evidence:		
	[Please state]	
SUBMITTED TO:	[Please state]	
SUPPLIER:	[Please state]	
SIGNED:		
NAME:	[Please state]	
DATE:	[Please state]	

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Part 3 – Change Authorisation Note

CHANGE AUTHORISATION				
CONTRACT NO:	[Please state]			
CHANGE NO:	[Please state]			
FINANCIAL VARIATION	Original contract value: Additional cost due to variation: New contract value:	£ [pre-populates] £ [insert amount] £ [calculates]		
ON BEHALF OF THE SUPPLIER SIGNED:				
NAME:				
DATE:				
ON BEHALF OF THE AUTHORITY SIGNED:				
NAME:	[Please state]			
DATE:	[Please state]			

The Contract, including any previous Changes, shall remain effective and unaltered except as amended by this Change.