Schedule 20

Declaration	
I certify that the information provided on this DEFFORM 528 is true, complete and accurate to the best of my knowledge. If there is any change that effects the control classification as described on this Form or I become aware of anything that causes the response to no longer be true, complete and accurate, or if any inaccuracies are identified, I will inform the other party in writing as soon as I become aware of such change.	
Printed name	
Position or Job Title Held in Company / MOD	Redacted Under FOIA Section 40 – Personal Information
Address	
E-Mail	
Telephone number	
Signed (Duly authorised person)	

Date of signature

Please print off this Declaration Sheet and provide a signed copy with your Tender submission