

Order Form

Framework agreement reference: SBS/19/AB/WAB/9411/21

Date	Date of last	Order	
of	signature	Number	To be quoted on all correspondence relating to
order			this Order

FROM

Customer	NHS Business Services Authority "Customer"
Customer's	Stella House, Goldcrest Way, Newburn Riverside, Newcastle Upon
Address	Tyne, Ne15 8NY
Invoice Address	Accounts Payable, Stella House, Goldcrest Way, Newburn Riverside,
	Newcastle Upon Tyne, Ne15 8NY
Contact Ref:	Address: Stella House, Goldcrest Way, Newburn Riverside, Newcastle Upon Tyne, Ne15 8NY Phone:

TO

Supplier	Softcat Plc	(02174990)	"Supplier"
Supplier's Address	Fieldhouse La	ne, Marlow, Buckingl	namshire, SL7 1LW
Account Manager	Name: Address:	Softcat Plc, Fieldhou	use Ln, Marlow SL7 1LW

GUARANTEE

Guarantee to be provided	No

1. TERM (1.1) Commencement Date 9th July 2025.

(1.2) Expi	ry Date
------------	---------

The Contract shall expire on the date which is 18 Months after the Commencement Date. Expiry Date: 18th December 2026.

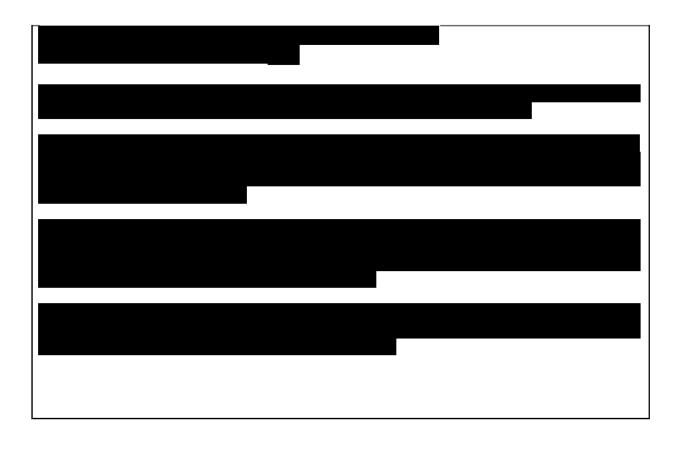
Any extensions (including pricing for such extensions) are to be agreed in writing between the Parties.

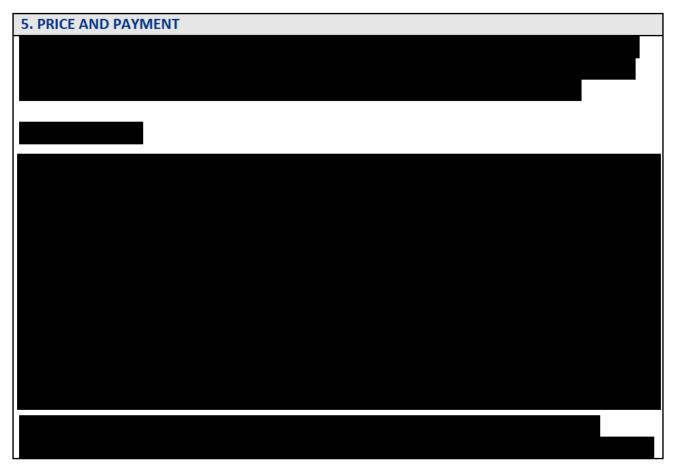
2. GOODS AND SERVICES RE	QUIREMENTS	
(2.1) Goods and/or Services		
Goods - Not applicable.		
The Customer agrees to nure	chase all of its requirements fo	or the Goods or equivalent goods from
the Supplier.	mase an or its roquirements it	or the cooks of equivalent goods from
Service Profile - Crowdstrike breakdown of pricing.	software and services. See pa	aragraph 5.1 of this Order Form for a
Minimum Order Value Maximum Order Value		£150,000 exc. VAT
Optional Services		
Collection and recycling	N/A	
Paper catalogue	N/A	
Secure Collection	N/A	

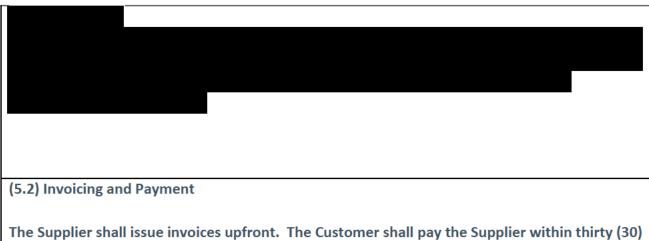
(2.2) Premises
The services are to be delivered remotely.
(2.3) Lease/ Licenses
For terms relating to the Crowdstrike licenses, see paragraph 6.1 of this Order Form.
(2.4) Standards
(2.4) Standards
Not applicable to this Call-off Contract.
(2.5) Security Requirements
Security Policy
Not applicable to this Call-off Contract.

(2.6) Exit Plan (where required)
NO
(2.7) Environmental Plan
NO
NO .
3. SUPPLIER SOLUTION
(3.1) Supplier Solution
See paragraph 5.1 of this Order Form.
(3.2) Account structure including Key Personnel
Account Manager:
(2.2) Cub and the description of the Combine and I and Combine and I are Combined to the Combine and I are Combined to the Com
(3.3) Sub-contractors to be involved in the provision of the Services and/or Goods
Not applicable to this Call-off Contract.
(3.4) Outline Security Management Plan
Not applicable to this Call-off Contract.

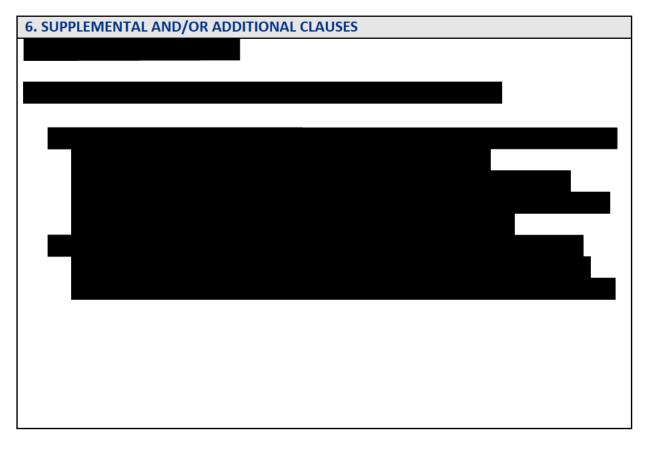
(3.5) Relevant Convictions
None
(3.6) Implementation Plan
Implementation details to be agreed between the Parties post contract signature.
4. PERFORMANCE QUALITY
(4.1) Key Performance Indicators
Not applicable to this Call-off Contract.
(4.2) Service Levels and Service Credits







days of receipt of a Valid Invoice, submitted in accordance with this paragraph 5.2, the payment profile set out in paragraph 5.1 above and the provisions of the Contract.



BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Customer to provide the Goods and/or Services. The Parties hereby acknowledge and agree that they have read the NHS Conditions of Contract for purchase of goods and/or Services and by signing below agree to be bound by the terms of this Contract.

For and on behalf of the Supplier:



For and on behalf of the Customer:

