Joint Schedule 9 (Rectification Plan)

Request for [Revised] Rectification Plan				
Call-Off Contract Title:				
Rectification Plan Number:				
Details of the Default:	[Guidance: Explain the Default, with clear schedule and clause references as appropriate]			
Deadline for receiving the [Revised] Rectification Plan:	[add date (minimum 10 days from request)]			
Signed by Authority:		Date:		
Supplier [Revised] Rectification Plan				
Cause of the Default	[<mark>add</mark> cause]			
Anticipated impact assessment:	[<mark>add</mark> impact]			
Actual effect of Default:	[add effect]			
Steps to be taken to rectification:	Steps	Timescale		
	1.	[date]		
	2.	[date]		
	3.	[date]		
	4.	[date]		
	[]	<mark>[date]</mark>		
Timescale for complete Rectification of Default	[X] Working Days			
Steps taken to prevent recurrence of Default	Steps	Timescale		
	1.	[date]		
	2.	[date]		
	3.	[date]		
	4.	[date]		

Signed by the Supplier:		Date:		
Review of Rectification Plan				
Outcome of review [Plan Accepted] [Plan Rejected] [Revised Plan Requested]				
Outcome of review	[Flatt Accepted] [Flatt Rejected] [Neviseu Fi	an Nequesteuj	
Reasons for Rejection (if applicable)	[add reasons]			
Signed by Authority		Date:		