# Joint Schedule 10 (Rectification Plan)

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| Request for [Revised] Rectification Plan | | | | | |
| Details of the Default: |  | | | | |
| Deadline for receiving the [Revised] Rectification Plan: | [add date (minimum 10 days from request)] | | | | |
| Signed by [CCS/Buyer]: |  | | Date: | |  |
| Supplier [Revised] Rectification Plan | | | | | |
| Cause of the Default | [add cause] | | | | |
| Anticipated impact assessment: | [add impact] | | | | |
| Actual effect of Default: | [add effect] | | | | |
| Steps to be taken to rectification: | Steps | Timescale | | | |
| 1. | [date] | | | |
| 2. | [date] | | | |
| 3. | [date] | | | |
| 4. | [date] | | | |
| […] | [date] | | | |
| 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] | | | |
| […] | [date] | | | |
| Signed by the Supplier: |  | Date: | |  | |
| Review of Rectification Plan [CCS/Buyer] | | | | | |
| Outcome of review | [Plan Accepted] [Plan Rejected] [Revised Plan Requested] | | | | |
| Reasons for Rejection (if applicable) | [add reasons] | | | | |
| Signed by [CCS/Buyer] |  | Date: | |  | |