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| --- | --- |
| Commercial Directorate | |
| DVLA  Longview Road  Morriston  Swansea SA6 7JL | |
| Phone: | 01792 782475 |
| www.gov.uk/browse/driving | |
| @dvlagovuk | |
| Your ref: | RM6229 |
| Our ref: | PS/23/69 |
| Date: | |  |  | | --- | --- | | |  | | --- | | 21st June 2023 | | |

Robertson Bell Ltd.

UoN Innovation Centre, Green Street

Northampton

NN1 1SY

Dear Sir/Madam,

**CONTRACT REFERENCE NUMBER: PS/23/69**

**CONTRACT TILE: Provision of Head of Finance Control and Operations**

**FRAMEWORK REFERENCE NUMBER: RM6229**

On behalf of the Secretary of State for Transport, I accept your Service Offeringunder the terms and conditions of the **RM6229 Permanent Recruitment Services 2 – Lot 2**. This letter and the documents listed below form a binding contract between you and the Department for Transport.

1. The terms and conditions for Framework reference **RM6229 Permanent Recruitment Services 2 – Lot 2**
2. The Department’s Invitation to Tender issued via the Jaggaer E-Sourcing Solution letter dated 15th May 2023.
3. The Department's specification contained with this invitation.
4. Your quote dated 12th June 2023.
5. The **RM6229 Permanent Recruitment Services 2 – Lot 2** Contract Schedules to follow this award letter. This should be by 23rd June 2023.

The duration of the contract is for 1 years (from the date on this letter).

This value has been amended from the original figure of £8,499.15

You must be in possession of a written purchase order (PO), before commencing any work, or supplying any goods, under this contract. The Purchase Order Number for this contract will follow shortly. Invoices submitted to the Department **must also quote the PO number** and must be submitted in accordance with DVLA’s Invoicing Procedures below.

**Please ensure invoices are sent to SSa and not DVLA. Invoices received without the correct Purchase Order Number will be returned to you and will delay receipt of payment.**

All proposed offshoring activity of Official level data outside the UK, under this contract, will be subject to prior approval by the Department/Government, as appropriate.

Please contact the Contract Owner Xxxxx redacted under FOI Section 40 on telephone number Xxxxx redacted under FOI Section 40 or e-mail Xxxxx redacted under FOI Section 40, to discuss arrangements for commencement of the contractand completion of the offshoring approval process**.**

Please complete the Supplier Details form at Annex A and return to the email address below.

Please complete the Statement of Assurance Questionnaire at Annex B, which is required by the successful supplier (included in the Specification document as Annex 9).

Please acknowledge your receipt understanding and acceptance of this letter by signing the box below:

Yours faithfully,

|  |
| --- |
| Xxxxx redacted under FOI Section 40 |
| Facilities & People Commercial Specialist |
| Commercial Directorate |
| Xxxxx redacted under FOI Section 40  **On behalf of the Secretary of State for Transport**  Accepted for and on behalf of **Robertson Bell Ltd.** by:-  Signature:  Name:  Capacity:  Date:  **Annex A**   |  |  | | --- | --- | | **SUPPLIER DETAILS** | | | **Supplier Name** |  | | **Supplier Address** |  | | **Post Code** |  | | **Country** |  | | **Telephone Number** |  | | **Mobile Number** |  | | **Account Manager Name** |  | | **Account Manager Email** |  | | **Business Email:** *(if not Basware enabled, this is the address purchase orders and remittance advice notes will be sent)* |  | | **UK VAT Registered? Y/N** |  | | **UK VAT Registration Number** |  | | **If Non UK Supplier, is Supply Type**  *Goods or Services?* |  | | **DUNS Number** |  | | **BANK DETAILS** | | | **Type of Account – Bank or Building Society?** |  | | **Confirm if account is - Business or Personal** |  | | **Bank/Building Society Name** |  | | **Supplier’s Bank/Building Society Account Name** *(if different to Supplier Name)* |  | | **Sort Code** |  | | **Account Number** |  | | **Building Society Roll Number** *if applicable* |  | | **IBAN (international bank account number)** *If applicable* |  | | **SWIFT/BIC (International Bank Code)** *if applicable* |  | | **CONSTRUCTION INDUSTRY TAX DEDUCUTION SCHEME – if applicable** | | | **Address of Registered Office** |  | | **Company Registered Number** |  | | **Subcontractor Tax Certificate Type** |  | | **Subcontractor Tax Certificate Number** |  | | **Date of Expiry of the Tax Certificate** |  |   **Annex B**  Statement of Assurance Questionnaire    Please return and complete this as soon as possible |