



**Contract Management Guidance – Template #10
CHANGE CONTROL FORM- Extensions – v. 5**

Contract Name:	Employee Services	Contract Ref. No.	CCZV16A01
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CLIENT CHANGE NOTICE (CCN)

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Initiated by:	<div style="border: 1px solid black; padding: 5px;"> <p>REDACTED</p> <p>Policy Advisor – Head of Reward and Wellbeing</p> </div>	CCN Reference:	<div style="border: 1px solid black; padding: 5px;"> <p>CCZV16A01-1</p> </div>
Source of change:	<div style="border: 1px solid black; padding: 5px;"> <p>HM Treasury</p> </div>	Date CCN Raised by relevant party:	<div style="border: 1px solid black; padding: 5px;"> <p>28/11/2017</p> </div>

STAGE 1 - CLIENT

Summary of proposals/ requirements :	<p>This is a variation to the existing Contract for Employee Services between HM Treasury and EDENRED (UK GROUP) LIMITED. The Terms and Conditions of the Contract apply, but with the following amendments:</p> <ul style="list-style-type: none"> • Inclusion of additional users/ALB's to Contract Scope. <p>REDACTED</p> <p>REDACTED</p> <p>The Contract Variation will be in line with the current Contract Terms and Conditions and based upon the initial pricing schedule.</p>
Proposed payment:	In line with the Terms and Conditions of Contract
Required delivery date, with rationale:	<i>No change to expiry date, therefore this is in line with the original Contract terms and conditions</i>



Change authorised to proceed to stage 2 (Customer organisation representative):	REDACTED Signature	REDACTED Head of Reward & Wellbeing Print Name & Position	5 th January 2018 Date
Signature Print Name & Position Date	REDACTED Approved via Email	REDACTED Senior Procurement Specialist Print Name & Position	9 th March 2018 Date
Change authorised to proceed to Stage 2 (CCS representative)	Signature	Print Name & Position	Date

STAGE 2 – SUPPLIER

Comments/ caveats on requested change:

ABORTIVE COSTS :

N/A

Anticipated period from CCN being authorised by client to start of related provision

EDENRED (UK GROUP) LIMITED confirms that the costs identified above are the agreed figures that will be payable on CCN implementation

Signed **(Supplier Representative):**

REDACTED

Print Name & Position:

REDACTED

Date:

15/3/18



STAGE 3 – CLARIFICATIONS

Clarification/ queries to
to supplier regarding
their proposals:

Date:

Supplier response

Date:

STAGE 4 - CUSTOMER CCN SIGN-OFF TO PROCEED TO IMPLEMENTATION

Variation Withdrawn

By signing below, unless CCN is withdrawn, the HM Treasury and associated ALB's agree to pay the EDENRED (UK GROUP) LIMITED the costs detailed in Stage 2, by deadlines agreed with the supplier.

Signed
(Customer
Representative)

Signature

Print Name & Position

Date

Change
authorised to
proceed to
implementation
(CCS):

Signature

Print Name & Position

Date

STAGE 5 - CCN COMPLETION SIGN-OFF

I confirm that the provision required under the CCN commenced in accordance with the customer requirements and supplier proposals in this CCN.



Date provision required
under the CCN
commenced:

Date Signed
by Customer:

Signed
(**Customer
representative**):

Print Name &
Position