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| --- | --- |
| Commercial Directorate | |
| DVLA  Longview Road  Morriston  Swansea SA6 7JL | |
| Phone: | 01792 782475 |
| www.gov.uk/browse/driving | |
| @dvlagovuk | |
| Your ref: | RM6138 |
| Our ref: | PS/23/85 |
| Date: | 4th October 2023 |

XXXXXX redacted under FOIA section 40

Aviva Health UK Ltd

Chilworth House

Templars Way

Eastleigh

Hampshire

SO53 3RY

XXXXXX redacted under FOIA section 40

**CONTRACT REFERENCE NUMBER: PS/23/85**

**CONTRACT TITLE: Provision of TUPE Health Insurance (2023-24)**

**FRAMEWORK REFERENCE NUMBER: RM6138**

Dear XXXXXX redacted under FOIA section 40

On behalf of the Secretary of State for Transport, I accept proposal dated 16th May 2023for the above contract. The attached Order Form sets out the terms of the contract between DVLA and Aviva for the provision of the deliverables set out in the form.

The duration of the contract will be for 1 year, from the commencement 12 September 2023 to 11 September 2024.

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 Shared Services arvato (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 XXXXXX redacted under FOIA section 40

at XXXXXX redacted under FOIA section 40 **(**if required) to discuss arrangements for commencement of the contract.

Please confirm your acceptance of the Conditions by signing and returning the Order Form along with any requested Schedules/Annexes, within 7 days from the date of this Award Form. No other form of acknowledgement will be accepted. Please remember to include the reference number above in any future communications relating to this contract.

The Order Form will be countersigned and will create a binding contract between the two named parties.

Yours sincerely,

XXXXXX redacted under FOIA section 40

Facilities and People Commercial Specialist

Commercial Directorate

XXXXXX redacted under FOIA section 40

**By authority of the Secretary of State for Transport**

Accepted for and on behalf of **Aviva Health UK Ltd** by:-

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_