

Framework Schedule 6a (Short Order Form Template and Call-Off Schedules)

Order Form

| | |
|----------------------|--|
| THE BUYER: | Infected Blood Inquiry C/O Cabinet Office |
| BUYER ADDRESS | 1 Horse Guards Road, London, SW1A 2HQ |
| THE SUPPLIER: | MLC Partners Limited |
| SUPPLIER ADDRESS: | c/o WeWork, 123 Buckingham Palace Road, London, SW1W 9SH |
| REGISTRATION NUMBER: | 09366814 |
| DUNS NUMBER: | 220569877 |
| SID4GOV ID: | N/A |

This Order Form, when completed and executed by both Parties, forms a Call-Off Contract. A Call-Off Contract can be completed and executed using an equivalent document or electronic purchase order system.

If an electronic purchasing system is used instead of signing as a hard-copy, text below must be copied into the electronic order form **starting from 'APPLICABLE FRAMEWORK CONTRACT' and up to, but not including the Signature block.**

APPLICABLE FRAMEWORK CONTRACT

This Order Form is for the provision of the Call-Off Deliverables and dated 12/03/2025

It's issued under the Framework Contract with the reference number RM6277 for the provision of Non Clinical Staff.

CALL-OFF LOT:

Lot 2 – Corporate Functions

CALL-OFF INCORPORATED TERMS

This is a Bronze Contract.

The following documents are incorporated into this Call-Off Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form.
2. Joint Schedule 1 (Definitions and Interpretation) RM6277
3. The following Schedules in equal order of precedence:
 - Joint Schedules for RM6277
 - Joint Schedule 2 (Variation Form)
 - Joint Schedule 3 (Insurance Requirements)
 - Joint Schedule 4 (Commercially Sensitive Information)

- Joint Schedule 7 (Financial Difficulties including Annex 5 Optional Terms for Bronze Contracts)
- Joint Schedule 10 (Rectification Plan)
- Joint Schedule 11 (Processing Data)
- Call-Off Schedules for RM6277
 - Call-Off Schedule 1 (Transparency Reports)
 - Call-Off Schedule 2 (Staff Transfer)
 - Call-Off Schedule 3 (Continuous Improvement)
- 4. CCS Core Terms (version 3.0.11)
- 5. Joint Schedule 5 (Corporate Social Responsibility) RM6277

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

CALL-OFF START DATE: 01.04.2025

CALL-OFF EXPIRY DATE: 30.09.2025

CALL-OFF DELIVERABLES:

The provision of Non-Clinical Temporary staff or any other temporary staff or fixed term workers.

GDPR POSITION

Independent Controller

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

CALL-OFF CHARGES

[REDACTED]

PAYMENT METHOD

Weekly in arrears, payment within 30 working days of invoice

BUYER'S INVOICE ADDRESS:

| | | | |
|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

BUYER'S AUTHORISED REPRESENTATIVE:

| | | | |
|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

REDACTED UNDER FOIA SECTION 43, COMMERCIAL INTERESTS
ALL REDACTED UNDER FOIA SECTION 40, PERSONAL INFORMATION

SUPPLIER’S AUTHORIZED REPRESENTATIVE

[Redacted Signature]

SUPPLIER’S CONTRACT MANAGER

[Redacted Signature]

| For and on behalf of the Supplier: | | For and on behalf of the Buyer: | |
|------------------------------------|----------------------|---------------------------------|----------------------|
| Signature: | [Redacted Signature] | Signature: | [Redacted Signature] |
| Name: | | Name: | |
| Role: | | Role: | |
| Date: | 12/03/2025 | Date: | Mar 13, 2025 |

ALL REDACTED UNDER FOIA SECTION 40, PERSONAL INFORMATION

SCHEDULE 1 – CANDIDATE REQUIREMENTS

| | |
|---|--|
| Candidate name: | [REDACTED] |
| Job role/title: | Head of Finance, Commercial & Projects, Infected Blood Inquiry |
| Agenda for Change pay band: | N/A |
| Fee type: | N/A |
| High cost area supplement: | N/A |
| Candidate Rate: | N/A |
| Charge Rate: | [REDACTED] |
| Notice period: | 2 weeks' notice period |
| Criminal records check required? | None |
| Person to whom candidate should report: | [REDACTED] |
| Any expenses payable to candidate: | No |
| Statutory/Mandatory training requirements: | N/A |
| Key Deliverables: | Continuation and close of financial duties for IBI |

**ALL REDACTED UNDER FOIA SECTION 40, PERSONAL INFORMATION
REDACTED UNDER FOIA SECTION 43, COMMERCIAL INTERESTS**