



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

Contract Name:	Security Room Training	Contract Ref. No.	PS761 RM4816
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CLIENT CHANGE NOTICE (CCN)

Initiated by:	<p align="center"><i>REDACTED</i></p> <p align="center"><i>Crown Commercial Service</i></p>	CCN Reference:	<p align="center"><i>PS761 RM4816-1</i></p>
Source of change:	<p align="center"><i>REDACTED</i></p> <p align="center"><i>Home Office</i></p>	Date CCN Raised by relevant party:	<p align="center">10/01/2018</p>

STAGE 1 - CLIENT

Summary of proposals/ requirements :	<p>REDACTED</p> <p>The Home Office also requires the further extension of 1 year to extend the contract from 01/04/2018 to 31/03/2019 as per the second year extension option written into the original contract.</p> <p>REDACTED</p> <p>The contract extension 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:	N/A



Change authorised to proceed to Stage 2 (Customer organisation representative):	REDACTED Signature	REDACTED Print Name & Position	16/01/2018 Date
Change authorised to proceed to Stage 2 (CCS representative)	REDACTED Signature	REDACTED Print Name & Position	15/01/2018 Date

STAGE 2 – SUPPLIER

Comments/ caveats on requested change:

ABORTIVE COSTS :

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

Tavcom 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:

22/01/2018



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Variation Withdrawn

By signing below, unless CCN is withdrawn, the Home Office agrees to pay Tavcom Limited the costs detailed in Stage 2, by deadlines agreed with the supplier.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