



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

Contract Name:	Design and Delivery of Training Courses for HMT	Contract Ref. No.	CCZP16A02
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CLIENT CHANGE NOTICE (CCN)

Initiated by:	<p align="center">REDACTED</p> <p align="center">CCS</p>	CCN Reference:	<p align="center">CCZP16A02-1</p>
Source of change:	<p align="center">REDACTED</p> <p align="center">HMT</p>	Date CCN Raised by relevant party:	<p align="center">29/01/2018</p>

STAGE 1 - CLIENT

<p>Summary of proposals/ requirements :</p>	<p>HM Treasury wish to extend their current contract REDACTED for the Provision of Design and Delivery of Training Courses. The current expiry date is 16th October 2018, HM Treasury wish to take up the option of a 1 year extension as permitted within the original contract. The revised expiry date would therefore be the 16th October 2019.</p> <p>In addition to the 1 year extension HM Treasury and the Supplier would also like the below wording to be included in the contract extension, relating to the location of the delivery of services: All modules, apart from the Action Learning Sets and Closing Event, will take place at REDACTED, subject to availability. If no PA client rooms are available, HM Treasury will provide alternative accommodation.</p> <p>REDACTED</p> <p>The original contract value is £1,150,500.00 ex VAT and was from 17 October 2016 (the “Start Date”) The contract value will remain unchanged.</p> <p>REDACTED</p> <p>To Note this is a call off contract so no volumes can be guaranteed.</p> <p>REDACTED</p>
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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	REDACTED	REDACTED
	Signature	Print Name & Position	Date
Change authorised to proceed to Stage 2 (CCS representative)	REDACTED	REDACTED	REDACTED
	Signature	Print Name & Position	Date
<u>STAGE 2 – SUPPLIER</u>			
Comments/ caveats on requested change:			
ABORTIVE COSTS :			
Anticipated period from CCN being authorised by client to start of related provision	<div style="border: 1px solid black; width: 250px; height: 30px; margin-left: auto;"></div>		



PA Consulting Services 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:

REDACTED

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* agrees to pay **REDACTED** the costs detailed in Stage 2, by deadlines agreed with the supplier.



Signed
(Customer
Representative)

REDACTED

Signature

REDACTED

Print Name & Position

REDACTED

Date

Change
authorised to
proceed to
implementation
(CCS):

REDACTED

Signature

REDACTED

Print Name & Position

REDACTED

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 works have been
completed/ provision
required under the CCN
commenced:

Date Signed
by Customer:

Signed
(Customer
representative):

Print Name &
Position