



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

| | | | |
|-----------------------|--|--------------------------|--------------|
| Contract Name: | Provision of Outplacement Services for HM Treasury | Contract Ref. No. | RM4119 L0505 |
|-----------------------|--|--------------------------|--------------|



| |
|--|
| <u>CLIENT CHANGE NOTICE (CCN)</u> |
|--|

| |
|--|
| |
| |

| | | | |
|-------------------|----------|------------------------------------|-----------------|
| Initiated by: | REDACTED | CCN Reference: | RM4119 L0505-01 |
| Source of change: | REDACTED | Date CCN Raised by relevant party: | 11.09.2017 |

STAGE 1 - CLIENT

| | |
|--------------------------------------|--|
| Summary of proposals/ requirements : | <p>The original contract commenced on 7th November 2014 and was a 3 year Contract with no extension options. The original expiry date was the 17th September 2017. The Customer wishes to extend this arrangement until the 16th September 2018.</p> <p>The Contract Value will be increased by £15,000.00 ex.VAT. The original total contract value for the 3 year period was £30,000.00 ex.VAT.</p> <p>The revised total contract value, including this contract variation, will be £45,000.00 ex.VAT.</p> <p>Both the Terms and Conditions and the Scope of the required services will not change.</p> |
|--------------------------------------|--|

| | |
|-------------------|---|
| Proposed payment: | In line with the Terms and Conditions of Contract |
|-------------------|---|

| | |
|---|---|
| Required delivery date, with rationale: | <i>In line with the original terms and conditions and the new proposed expiry date of 16th September 2018.</i> |
|---|---|



| | | | |
|---|---------------------------|---------------------------------------|----------|
| Change authorised to proceed to stage 2 (Customer organisation representative): | REDACTED Signature | REDACTED Print Name & Position | 17/9/17 |
| Signature Print Name & Position Date | REDACTED | REDACTED | 12/09/17 |
| 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

Working Transitions 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:

21 / 09 / 2017



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 the Working Transitions 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