



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

Contract Name:	Provision of Consultancy for Review of the Semaphore System	Contract Ref. No.	CCCC17A00 CCN Change Number – CCCC17A00 - 01
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CLIENT CHANGE NOTICE (CCN)

Initiated by:	REDACTED	CCN Reference:	CCCC17A00 - 01
Source of change:	Customer – Home Office	Date CCN Raised by relevant party:	27 th September 2017

STAGE 1 - CLIENT

Summary of proposals/ requirements :	<p>This is a variation to the contract between the Home Office and Deloitte LLP.</p> <p>The Terms and Conditions of the Contract apply but with the following amendments:</p> <p>Extension of the end date of the Contract from Friday 13th October to Friday 3rd November 2017. There will be no uplift in the existing Contract value as a result of this CCN.</p>
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Proposed payment:	In line with the Terms and Conditions of Contract
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Change authorised to proceed to Stage 2 (Customer organisation representative):	REDACTED	REDACTED	
	Signature	Print Name & Position	Date
Change authorised to proceed to Stage 2 (CCS representative):	REDACTED	REDACTED	
	Signature	Print Name & Position	Date

STAGE 2 – SUPPLIER

Comments/ caveats on requested change:	
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ABORTIVE COSTS :	<i>Cost incurred if CCN is withdrawn. Delete this row if no abortive costs can be expected (e.g. supplier is unlikely to incur professional fees in costing and submitting a costed proposal)</i>
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NB: Any abortive costs to be discussed with the client before being incurred

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

Deloitte LLP 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:

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Variation Withdrawn

Yes/No

By signing below, unless CCN is withdrawn, the Home Office agrees to pay Delitte LLP the costs detailed in Stage 2, by deadlines agreed with the supplier.



Signed (Customer Representative)	REDACTED	REDACTED	REDACTED
	Signature	Print Name & Position	Date
Change authorised to proceed to implementation (CCS):	REDACTED	REDACTED	REDACTED
	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 works have been completed/ provision required under the CCN commenced:	REDACTED	Date Signed by Customer:	REDACTED
Signed (Customer representative)	REDACTED	Print Name & Position	REDACTED