|  |  |
| --- | --- |
| Commercial Directorate | |
| DVLA  Longview Road  Morriston  Swansea SA6 7JL | |
| Phone: |  |
| www.gov.uk/browse/driving | |
| @dvlagovuk | |
| Your ref: |  |
| Our ref: | PS/24/80 |
| Date: | 21 August 2024 |

Bytes Software Services

Bytes House

Randalls Way

Leatherhead

KT22 7TW

**CONTRACT REFERENCE NUMBER: PS/24/80**

**CONTRACT TITLE: Provision of Clearswift Portal Based Encryption for Email**

**FRAMEWORK REFERENCE NUMBER: RM6098**

Dear Sir or Madam,

On behalf of the Secretary of State for Transport, I accept your tender/proposal dated 12 August 2024for the above contract. The attached contract details order form, contract conditions and the annexes set out the terms of the contract between DVLA and Bytes Software Services for the provision of the deliverables set out in the order form.

We thank you for your co-operation to date and look forward to forging a successful working relationship.

You must be in possession of an official purchase order (PO), before commencing any work, or supplying any goods, under this contract. The PO Number for this contract will follow shortly. Invoices submitted to the Department **must quote the PO number** and must be submitted in accordance with DVLA’s Invoicing Procedures, as referenced in the order form.

**Please ensure invoices are sent to Unity Business Services (UBS) and not DVLA. Invoices received without the correct PO Number will be returned to you and will delay receipt of payment.**

Please contact the Contract Owner REDACTED via email ([REDACTED](mailto:anne.fisher@dvla.gov.uk))to discuss arrangements for commencement of the contract.

Please complete the Supplier Details form at Annex A and return to the email address below.

Please confirm your acceptance of the Conditions by signing and returning the order form, along with any requested Schedules/Annexes, within 7 days from the date of this Award Form. No other form of acknowledgement will be accepted. Please remember to include the reference number above in any future communications relating to this contract.

The order form will be countersigned and will create a binding contract between the two named parties.

Yours sincerely,

REDACTED

Category Specialist

Commercial Directorate

REDACTED

**By authority of the Secretary of State for Transport**

**Annex A**

|  |  |
| --- | --- |
| **SUPPLIER DETAILS** | |
| **Supplier Name** |  |
| **Supplier Address** |  |
| **Post Code** |  |
| **Country** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Account Manager Name** |  |
| **Account Manager Email** |  |
| **Business Email:** *(if not Basware enabled, this is the address purchase orders and remittance advice notes will be sent)* |  |
| **UK VAT Registered? Y/N** |  |
| **UK VAT Registration Number** |  |
| **If Non-UK Supplier, is Supply Type**  *Goods or Services?* |  |
| **DUNS Number** |  |
| **BANK DETAILS** | |
| **Type of Account – Bank or Building Society?** |  |
| **Confirm if account is - Business or Personal** |  |
| **Bank/Building Society Name** |  |
| **Supplier’s Bank/Building Society Account Name** *(if different to Supplier Name)* |  |
| **Sort Code** |  |
| **Account Number** |  |
| **Building Society Roll Number** *if applicable* |  |
| **IBAN (international bank account number)** *If applicable* |  |
| **SWIFT/BIC (International Bank Code)** *if applicable* |  |
| **CONSTRUCTION INDUSTRY TAX DEDUCUTION SCHEME – if applicable** | |
| **Address of Registered Office** |  |
| **Company Registered Number** |  |
| **Subcontractor Tax Certificate Type** |  |
| **Subcontractor Tax Certificate Number** |  |
| **Date of Expiry of the Tax Certificate** |  |