

# Order Form

Framework agreement reference: SBS/19/AB/WAB/9411

Date of order	29/08/2024	Order Number	TBC
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FROM

Customer	UKHSA Health Security Agency	"Customer"
Customer's Address	10 South Colonnade London E1 4 4PU	
Invoice Address	UKHSA ACCOUNTS PAYABLE TEAM Manor Farm Road Porton Down Salisbury SP4 0JG UK Email: [REDACTED]	
Contact Ref:	[REDACTED]	

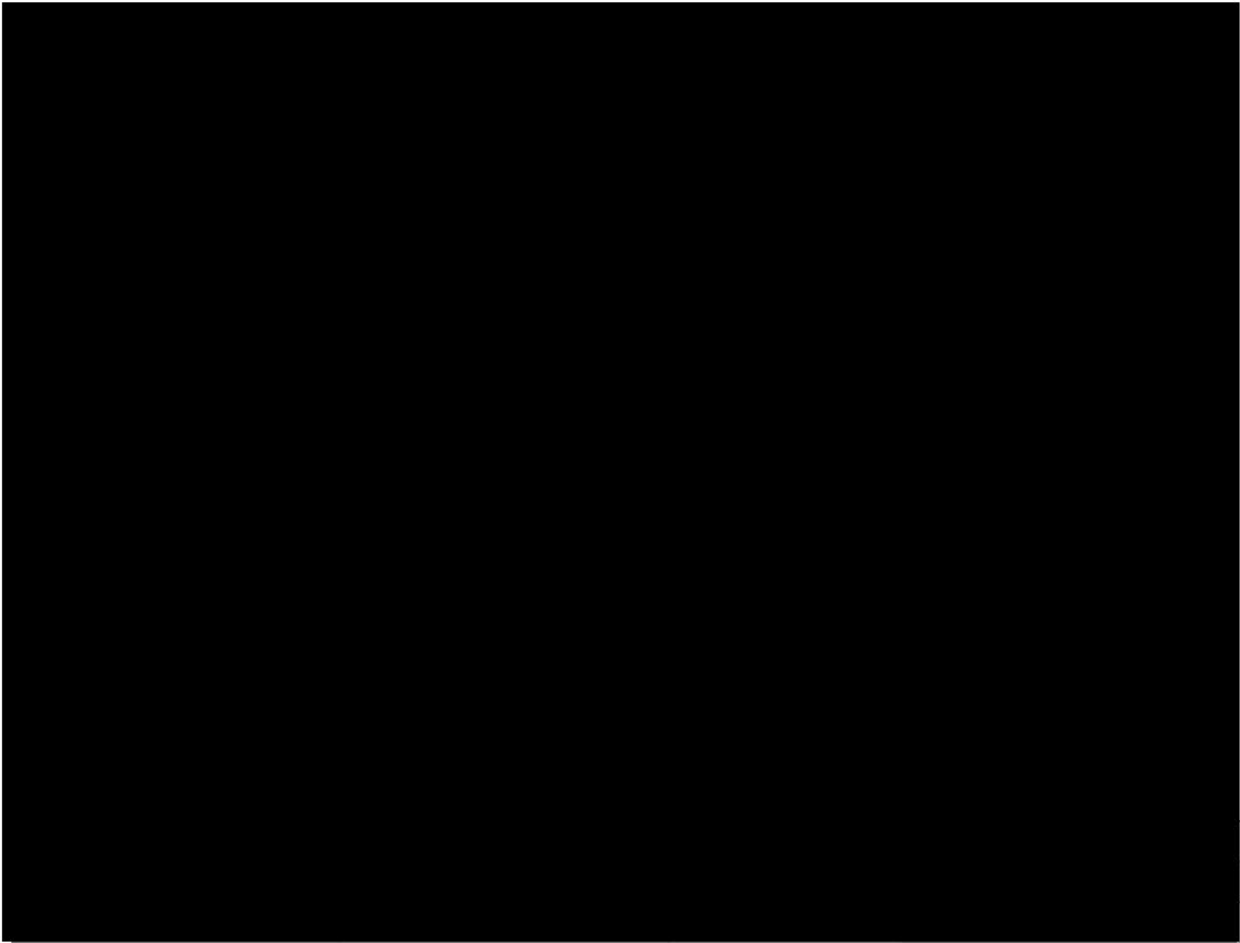
TO

Supplier	CDW Limited	"Supplier"
Supplier's Address	One New Change, London, EC4M 9AF	
Account Manager	Name: [REDACTED] Address: One New Change, London, EC4M 9A Phone: [REDACTED] e-mail: [REDACTED]	

GUARANTEE

Guarantee to be provided	No
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1. TERM
<div>(1.1) Commencement Date</div> <div>31/08/2024</div>
<div>(1.2) Expiry Date</div> <div>The Contract shall expire on the date which is 31/08/2025.</div>

2. GOODS AND SERVICES REQUIREMENTS
<div>(2.1) Goods and/or Services</div> <div></div> <div>The Customer agrees to purchase all of its requirements for the Goods or equivalent goods from the Supplier.</div> <div><div>Minimum Order Value</div><div>£31,180.07</div></div>

<p><b>(2.2) Premises</b></p> <p>N/A</p> <p><b>(2.3) Lease/ Licenses</b></p> <p>N/A</p>
<p><b>(2.4) Standards</b></p> <p>N/A</p>
<p><b>(2.5) Security Requirements</b></p> <p>N/A</p> <p>Processing personal data under or in connection with this contract</p> <p>NO</p>
<p><b>(2.6) Exit Plan (where required)</b></p> <p>N/A</p>
<p><b>(2.7) Environmental Plan</b></p> <p>N/A</p>

<p><b>3. SUPPLIER SOLUTION</b></p>
<p><b>(3.1) Supplier Solution</b></p> <p>N/A</p>
<p><b>(3.2) Account structure including Key Personnel</b></p> <div style="background-color: black; height: 30px; width: 350px; margin-bottom: 10px;"></div> <div style="background-color: black; height: 20px; width: 150px; margin-bottom: 10px;"></div> <div style="background-color: black; height: 20px; width: 660px;"></div>

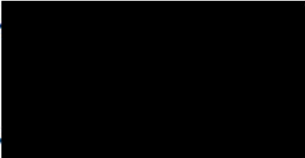


<b>(3.3) Sub-contractors to be involved in the provision of the Services and/or Goods</b>
N/A
<b>(3.4) Outline Security Management Plan</b>
As set out below:
N/A
<b>(3.5) Relevant Convictions</b>
N/A
<b>(3.6) Implementation Plan</b>
N/A

<b>4. PERFORMANCE QUALITY</b>			
<b>(4.1) Key Performance Indicators</b>			
<i>Supplier will take reasonable endeavours to restore access ASAP for any issues relating to downtime with the software licences.</i>			
<b>(4.2) Service Levels and Service Credits</b>			
When providing the Goods and/or Services, the Supplier shall as a minimum ensure that it achieves the following service levels:			
<b>Service Level</b>	<b>Description</b>	<b>Service Credit Calculation</b>	<b>Critical Service Failure</b>
N/A			
N/A			

<b>5. PRICE AND PAYMENT</b>
(5.1) Contract Price payable by the Customer in accordance with the commercial schedule set out in the framework agreement (including applicable discount but excluding VAT), payment profile and method of payment (e.g. Government Procurement Card (GPC) or BACS))
(5.2) Invoicing and Payment
The Supplier shall issue invoices annually in advance. The Customer shall pay the Supplier within [thirty (30) days] of receipt of a Valid Invoice, submitted in accordance with this paragraph 5.2, the payment profile set out in paragraph 5.1 above and the provisions of the Contract.
£31,180.07

<b>6. SUPPLEMENTAL AND/OR ADDITIONAL CLAUSES</b>
(6.1) Supplemental requirements
N/A

BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Customer to provide the Goods and/or Services. The Parties hereby acknowledge and agree that they have read the NHS Conditions of Contract for purchase of goods and/or Services and by signing below agree to be bound by the terms of this Contract.

Signed by an authorised signatory to sign for and on behalf of the Supplier	
	
Full Name:	
Job Title/Role:	
Date Signed:	02/09/2024

Signed by an authorised signatory to sign for and on behalf of the Buyer

A large black rectangular redaction box covering the signature area.

Full Name: 

Job Title/Role: 

Date Signed: 02/09/2024