

Order Form

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

Date	08/01/2024	Order	AGEMCSU/TRANS/24/1832
of		Number	
order			

FROM

Customer	NHS England on behalf of NHS Arden and Greater East Midlands CSU
Customer's	Cardinal Square, 10 Nottingham Road, Derby DE1 3QT
Address	
Invoice Address	NHS Arden and GEM CSU
	ODE PAYABLES M405
	PO BOX 312
	Leeds
	LS11 1HP
	Invoices: sbs.apinvoicing@nhs.net
Contact Ref:	

то

Supplier	Dell Corporation Limited	"Supplier"
Supplier's Address	1st & 2nd Floor, One Creechurch Place,	London, England, EC3A 5AF
Account Manager		

GUARANTEE

	Guarantee to be provided	No
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Where a guarantee is to be provided then this Contract is conditional upon the provision of a Guarantee to the Customer from the Guarantor in respect of the Supplier. Details of the Guarantor (if any) are set out below:

[Parent Company	[]	"Guarantor"
Parent Company	[]	

address			
Account Manager	Name: Address:	[[]
	Phone:	[]
	e-mail:	[]
	Fax:	[]

1. TERM		
(1.1) Commencement Date		
22/01/2025		
(1.2) Expiry Date		
The Contract shall expire on the date which is [60] Months after the
Commencement Date		

2. GOODS AND SERVICES REQUIREMENTS
(2.1) Goods and/or Services
Goods - [
[Guidance: Insert details of the Goods which are the subject of the Contract]
Pricing Validity is as per individual quote.
Service Profile - []
[Guidance: Insert details of the service profile agreed]
Minimum Order Value £ £42,690.00
Optional Services
Collection and recycling

Paper catalogue
Secure Collection
[Guidance: Include a description of the core Services which are applicable to the Customer together with any specific Service requirements.]
(2.2) Premises
N/A
(2.3) Lease/ Licenses
N/A
(2.4) Standards
N/A
(2.5) Security Requirements
Security Policy
As per framework agreement
Additional Security Requirements
[NA]
Processing personal data under or in connection with this contract
NO
(2.6) Exit Plan (where required)
[NO

[Guidance: Customer to consider whether an Exit Plan is required for the Services.] (2.7) Environmental Plan

NO

3. SUPPLIER SOLUTION

(3.1) Supplier Solution

N/A

(3.2) Account structure including Key Personnel

n/a

[Guidance: Insert details of the Supplier's account structure. Also, if there are any Key Personnel who you require to be involved in the ongoing relationship with the Supplier then insert details. Insert "n/a" if not relevant.]

(3.3) Sub-contractors to be involved in the provision of the Services and/or Goods

n/a

(3.4) Outline Security Management Plan

As per framework agreement

(3.5) Relevant Convictions

N/A

(3.6) Implementation Plan

N/A

4.	PERFORMANCE QUALITY	

(4.1) Key Performance Indicators

N/A

[

[Guidance: Insert details of any specific KPI's applicable to the Supplier here.]

(4.2) Service Levels and Service Credits N/A

]

When providing the Goods and/or Services, the Supplier shall as a minimum ensure that it achieves the following service levels:

Service Level	Description	Service Credit Calculation	Critical Service Failure

If the level of performance of the Supplier during the Contract Period:

- fails to achieve a Service Level in respect of each element of the Service, then the Customer shall be entitled to deduct the Service Credits from the Contract Price; and/or
- (ii) constitutes a Critical Service Failure, the Customer shall be entitled to terminate this Contract.

[Guidance: It is intended that the definition of critical service failure should link to a specified threshold of service level performance. The intention is to provide certainty over what level of service would trigger a termination right. If you wish to include such a concept, then the definition above should be populated with relevant thresholds.]

5. PRICE AND PAYMENT

(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)) [Guidance: Insert details of any specific price arrangements.]

(5.2) Invoicing and Payment NHS Arden and GEM CSU ODE PAYABLES M405 PO BOX 312 Leeds LS11 1HP

Invoices: sbs.apinvoicing@nhs.net

6. SUPPLEMENTAL	AND/OR	ADDITIONAL	CLAUSES
OF SOLL FEITHER THE		ADDITIONAL	CLHODED

(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.

For and on behalf of the Supplier:

Name and Title			
Signature			
			-
Date		16.01.2025	

For and on behalf of the Customer:

Name and Title		
	Name and Title	

Signature	
Date	17/01/2025