|  |  |
| --- | --- |
| Commercial Directorate | |
| DVLA  Longview Road  Morriston  Swansea SA6 7JL | |
| www.gov.uk/browse/driving | |
| @dvlagovuk | |
| Our ref: | PS/25/04 |
| Date: | 01/05/2025 |

**REDACTED**

**CONTRACT REFERENCE NUMBER: PS/25/04**

**CONTRACT TITLE: Provision of Mobile Devices & Peripherals**

**FRAMEWORK REFERENCE NUMBER: RM6098 Technology Products & Associated Services 2 - Lot 2 Hardware Services**

**PROPOSED CONTRACT AWARD – SUBJECT TO CONTRACT**

Dear Sir/Madam,

On behalf of the Secretary of State for Transport, I accept your tender/proposal dated **9th April 2025** for the above contract. The attached contract Order Form, contract conditions and the set out the terms of the contract between DVLA and **REDACTED** 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.**

Supplier staff, who require access to DVLA site and/or systems under this contract, will be subject to the completion and acceptance by the Department of the evidence produced through the Baseline Personnel Security Standard (BPSS), or other higher HMG security level check. It is consistent with data protection legislation that an individual’s refusal to undergo an essential check could lead to a refusal of access to site and/or systems.

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

Associate Commercial Practitioner

Commercial Directorate

REDACTED

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

**Annex A**

|  |  |
| --- | --- |
| **SUPPLIER DETAILS** | |
| **Supplier Name** | REDACTED |
| **Supplier Address** | Unit 1 Progression Centre, Mark Road, Hemel Hempstead Industrial Estate,  Hemel Hempstead |
| **Post Code** | HP2 7DW |
| **Country** | United Kingdom |
| **Telephone Number** | REDACTED |
| **Mobile Number** | REDACTED |
| **Account Manager Name** | REDACTED |
| **Account Manager Email** | REDACTED |
| **Business Email:** *(if not Basware enabled, this is the address purchase orders and remittance advice notes will be sent)* |  |
| **UK VAT Registered? Y/N** | Y |
| **UK VAT Registration Number** | REDACTED |
| **If Non-UK Supplier, is Supply Type**  *Goods or Services?* | n/a |
| **DUNS Number** | n/a |
| **BANK DETAILS** | |
| **Type of Account – Bank or Building Society?** | REDACTED |
| **Confirm if account is - Business or Personal** | REDACTED |
| **Bank/Building Society Name** | REDACTED |
| **Supplier’s Bank/Building Society Account Name** *(if different to Supplier Name)* |  |
| **Sort Code** | REDACTED |
| **Account Number** | REDACTED |
| **Building Society Roll Number** *if applicable* |  |
| **IBAN (international bank account number)** *If applicable* | REDACTED |
| **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** |  |