



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

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|-----------------------|--|--------------------------|---|
| Contract Name: | Provision of Eye Care Services for Home Office | Contract Ref. No. | SO7407 (Customer Ref: NEC/3/0065) SO7407-5 |
|-----------------------|--|--------------------------|---|

CLIENT CHANGE NOTICE (CCN)

Initiated by:

REDACTED

Crown Commercial Service

CCN Reference:

SO7407-5

Source of change:

REDACTED

Home Office

Date CCN
Raised by
relevant
party:

10/01/2018

STAGE 1 - CLIENT

Summary of proposals/
requirements :

Further to the current technical extension expiry date of 31st January 2018 the Home Office Requires a technical extension of 3 months until the 30th April 2018 whilst the new tender takes place.

The Contract extension will be at an additional value of **REDACTED** ex VAT, taking the new Contract Value up to £84,300.00 ex VAT. This technical extension complies with PCR guidelines as it is less than 50% of the contract value.

The contract extension will be in line with the current contract terms and conditions and based upon the initial pricing schedule.

Proposed payment:

In line with the Terms and Conditions of Contract

Required delivery date,
with rationale:

N/A



Change authorised to
proceed to Stage 2
**(Customer
organisation
representative):**

REDACTED

Signature

REDACTED

Print Name & Position

REDACTED

Date

Change authorised to
proceed to Stage 2
(CCS representative)

REDACTED

Signature

REDACTED

Senior Procurement
Specialist

Print Name & Position

REDACTED

Date

STAGE 2 – SUPPLIER

**Comments/ caveats on
requested change:**

ABORTIVE COSTS :

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

Specsavers Ltd confirms that the costs identified above are the agreed figures that will be payable on CCN
implementation

Signed **(Supplier Representative):**

REDACTED

Print Name & Position:

Print Name & Position:

Date:

REDACTED



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Variation Withdrawn

No

By signing below, unless CCN is withdrawn, the Home Office agrees to pay Specsavers the costs detailed in Stage 2, by deadlines agreed with the supplier.

Signed
(Customer
Representative)

REDACTED

Signature

REDACTED

Print Name & Position

REDACTED

Date

Change
authorised to
proceed to
implementation
(CCS):

REDACTED

Signature

REDACTED

Print Name & Position

REDACTED

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 provision required
under the CCN
commenced:

REDACTED

Date Signed
by Customer:

REDACTED

Signed
(**Customer
representative**):

REDACTED

Print Name &
Position

REDACTED