

Any changes to this Contract, including to the Services, shall be recorded and agreed in the Change Control Notification form detailed below:

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CCN Number: C60692

Service Line:	Extnesion of contract
Operations Lead	
HEE originator	██████████

Change Control Notice (CCN to the following agreement:		
Agreement name		Date of Agreement
Maxcourse Online Course Management System		
Initial Contract Expiry Date	Date CCN Raised	New Expiry date with CCN
15/07/2022	01/08/2022	15/07/2023

Contact Information for the proposed change	
Originator	Other Party
Name: ██████████	Name: ██████████
Company: Health Education England	Company: Maxinity Software Limited
Telephone: ██████████	Telephone: ██████████
Email: xxxxxxxxxxxxxx	Email: xxxxxxxxxxxxxx

Clauses and Schedules affected

Clause 2
 Clause 21
 Schedule 3

Associated Change Control Notices		
CCN No.	Name of Agreement	Date of Agreement
Reason for change		
Extension of online course management system for a further 12 months		

Description of Change
Extension of contract from 16/07/2022 — 15/07/2023

Changes to contract charges and revised payment schedules
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Detailed costings in attached document: £ 15,840 (inc VAT)

Impact of change on other agreement provisions

Pricing provisions will change and the duration of the new contract will change.

Timetable for implementation

From, unless procurement for new contract concludes before extension period expires.

Acceptance	
Signed for and on behalf of: Health Education England	Signed: [REDACTED] Print Name: [REDACTED] Title: Postgraduate Dental Dean Date: 25/08/2022
Signed for and on behalf of:	Signed: [REDACTED] Print name: [REDACTED] Title: Director Date: 1,4 12/08/2022