

Order Form

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

Date of order	22/12/2022	Order Number	DDaT22588 To be quoted on all correspondence relating to this order.
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FROM

Customer	UK Research And Innovation (UKRI)	"Customer"
Customer's Address	Polaris House, N Star Ave, Swindon SN2 1FL	
Invoice Address	Polaris House, N Star Ave, Swindon SN2 1FL	
Contact Ref:		

TO

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

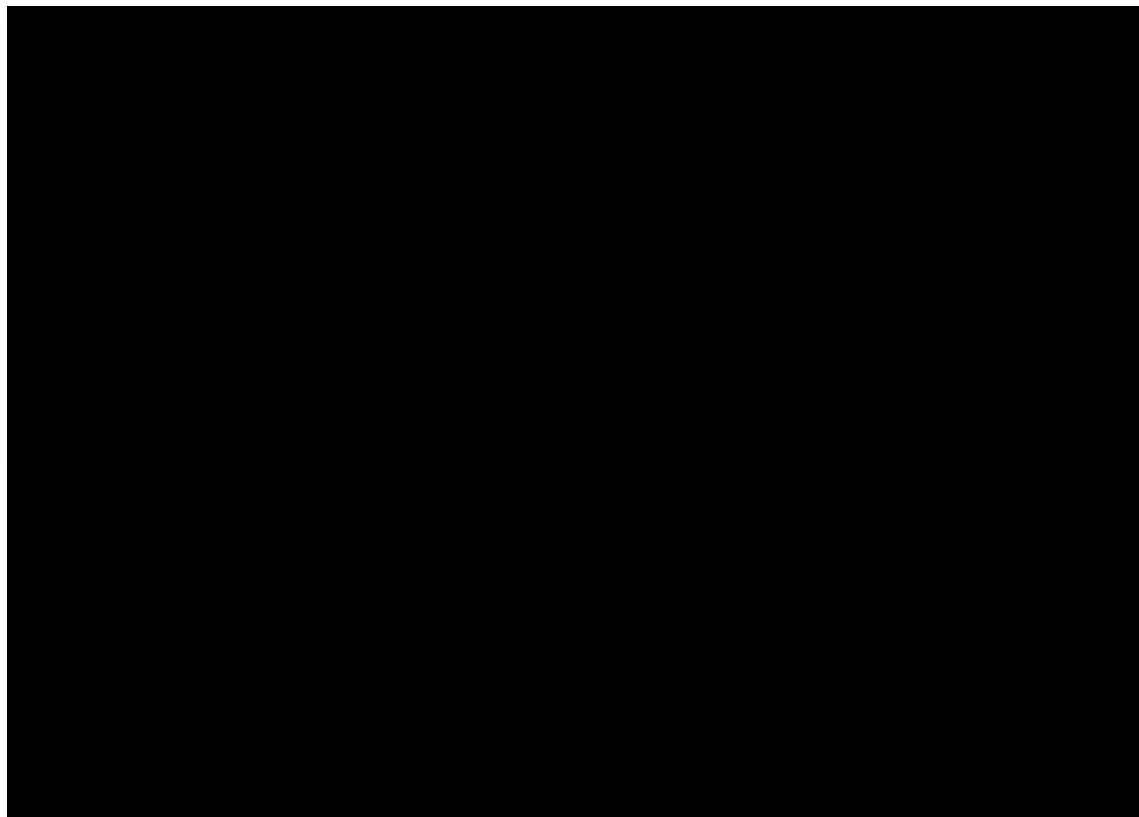
1. TERM
(1.1) Commencement Date This contract will commence on 28 th December 2022
(1.2) Expiry Date The Contract shall expire on 31 st March 2023 (per quote)

DDaT22588

2. GOODS AND SERVICES REQUIREMENTS

.1) Goods and/or Services

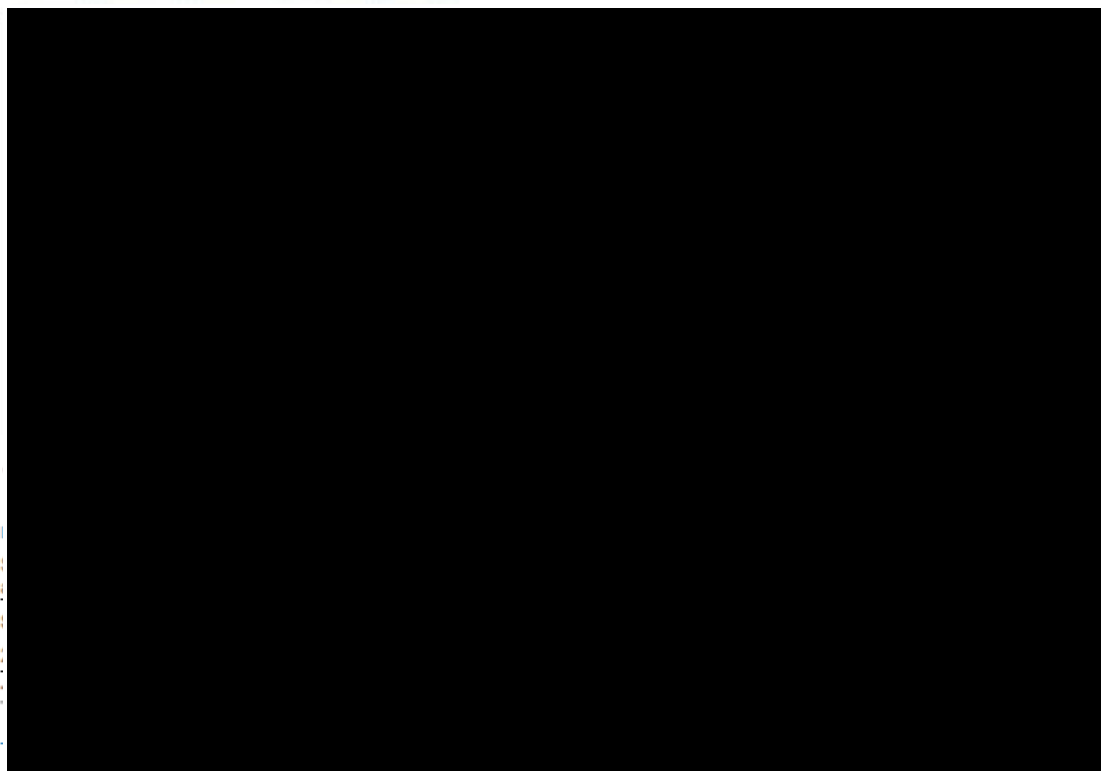
Dell Corporation LTD will provide UKRI with Management switches as in the below breakdown.



The Customer agrees to purchase all of its requirements for the Goods or equivalent goods from the Supplier.

Service Profile

as per quote



Customer requires delivery of the Goods by the 31st March 2023. However, at the time of entering in to this agreement, Supplier is not able to commit to this delivery date. Therefore, the parties have agreed a review process whereby Supplier shall review its delivery estimate by the 17th February 2023. If at this date (17th February 2023), Supplier is unable to confirm delivery by the 31st March 2023, Customer shall be entitled to cancel this agreement with no liability to either party

(2.2) Premises

Hardware to be delivered to;

STFC RAL
Fermi Ave,
Harwell,
Didcot
OX11 0QX

(2.3) Lease/ Licenses

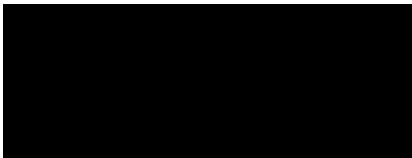
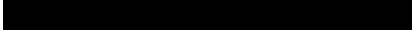
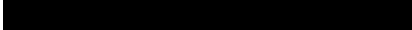
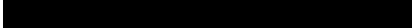
N/A

(2.4) Standards

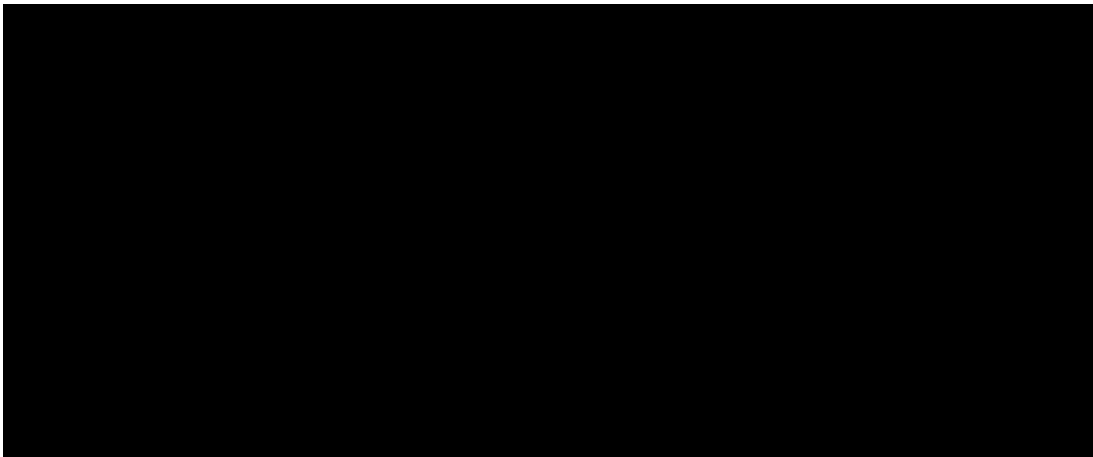
N/A

(2.5) Security Requirements

Security Policy N/A Additional Security Requirements N/A Processing personal data under or in connection with this contract No
(2.6) Exit Plan (where required) N/A
(2.7) Environmental Plan No

3. SUPPLIER SOLUTION
(3.1) Supplier Solution
(3.2) Account structure including Key Personnel Customer: Name:  e mail:  Supplier: Name:  e mail: 
(3.3) Sub-contractors to be involved in the provision of the Services and/or Goods N/A
(3.4) Outline Security Management Plan N/A
(3.5) Relevant Convictions N/A
(3.6) Implementation Plan N/A

4. PERFORMANCE QUALITY			
(4.1) Key Performance Indicators			
N/A			
(4.2) Service Levels and Service Credits			
N/A:			
Service Level	Description	Service Credit Calculation	Critical Service Failure
If the level of performance of the Supplier during the Contract Period:			
(i) 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.			

5. PRICE AND PAYMENT
The total value of this contract shall not exceed £285,890.00 excluding VAT


<p>(5.2) Invoicing and Payment</p> <p>The Supplier shall issue invoices in arrears. 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.</p> <p>Please ensure that the Purchase Order number is quoted on all invoicing. Invoices to be submitted to: UK Shared Business Services, Polaris House, Swindon, Wiltshire, SN2 1FF. Emails sent to: finance@uksbs.co.uk.</p>

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

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 Dell Corporation LTD

Name and Title		
Signature		
Date		

Signed for and on behalf of UK Research and Innovation by its authorised representative

Name and Title		
Signature		
Date		

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