**SCHEDULE 2**

**Letter of Appointment and Order Form**

[Letterhead of Customer]

Dear [Supplier],

**Letter of Appointment**

This Letter of Appointment is issued in accordance with the provisions of the Framework Agreement between The Department for Science, Innovation and Technology and the Supplier dated xxxx.

Capitalised terms and expressions used in this letter have the same meanings as in the Terms unless the context otherwise requires.

|  |  |
| --- | --- |
| Order Number: | [ ] |
| From: | [ ] ("Customer") |
| To: | [ ] ("Supplier") |

|  |  |
| --- | --- |
| Effective Date:  | [ ] |
| Expiry Date:   | End date of Initial Period [ ]End date of Maximum Extension Period [ ]Minimum written notice to Supplier in respect of extension: [ ] |

|  |  |
| --- | --- |
| Services required:   | Set out in Section 2 (Services offered) and refined by:The Customer’s Project Specification attached at Framework Annex A and the Supplier’s Proposal attached at Annex B; and[insert supplemental information if any] |

|  |  |
| --- | --- |
| Key Individuals: | [ ] |
| [Guarantor(s)] | [ ] |

|  |  |
| --- | --- |
| Call Off Contract Charges (including any applicable discount(s), but excluding VAT): | [ ] |
| Insurance Requirements | [ Additional public liability insurance to cover all risks in the performance of the Contract, with a minimum limit of £[x] million for each individual claim ][Additional employers' liability insurance with a minimum limit of £[x] indemnity ] [Additional professional indemnity insurance adequate to cover all risks in the performance of the Contract with a minimum limit of indemnity of £[x]1 million for each individual claim.][Product liability insurance cover all risks in the provision of Deliverables under the Contract, with a minimum limit of £[x] million for each individual claim ] |
| Customer billing address for invoicing: | [ ] |

|  |  |
| --- | --- |
| Additional Clauses: | [ ]  |

**FORMATION OF CALL OFF CONTRACT**

**BY SIGNING AND RETURNING THIS LETTER OF APPOINTMENT (which may be done by electronic means) the Supplier agrees to enter a Contract with the Customer to provide the Services in accordance with the terms of this letter and the Terms.**

**The Parties hereby acknowledge and agree that they have read this letter and the Terms.**

**The Parties hereby acknowledge and agree that this Contract shall be formed when the Customer acknowledges (which may be done by electronic means) the receipt of the signed copy of this letter from the Supplier within two (2) Working Days from such receipt.**

**For and on behalf of the Supplier: For and on behalf of the Customer:**

Name and Title: Name and Title:

Signature: Signature:

Date: Date:

Annex D: Order Form

**ORDER FORM**

**Framework Agreement – Futures Framework**

This should include;

Annex A – Customer Project Specification

Annex B – Supplier Proposal

Part 2 – The Terms as set out in this Framework Schedule 2 (Letter of Appointment and Order Form) shall apply to this Contract.

**FROM**

|  |  |
| --- | --- |
| **Customer** | [ ] |
| **Service Address** | [ ] |
| **Invoice Address** | [ ] |
| **Contact Ref:** | Name: [ ]Phone: [ ]e-mail: [ ] |
| **Order Number** | To be quoted on all correspondence relating to this Order: |
| **Order Date** | [ ] |

**TO**

|  |  |
| --- | --- |
| **Supplier:** | [ ] |
| **For the attention of:** | Name: [ ]Phone: [ ]e-mail: [ ] |
| **Address** | [ ] |

|  |
| --- |
| **1. SERVICES REQUIREMENTS** |
| **(1.1) Services [and Deliverables] Required:*****[See Customer Guidance document for guidance]***[ ] |
| **(1.2) Commencement Date:** [ ] |
| **(1.3) Price Payable by Customer** [ ] |
| **(1.4) Completion Date:** [ ] |

|  |
| --- |
| **2 ADDITIONAL REQUIREMENTS** |
| **(2.1) Supplemental Requirements in addition to Call-Off Terms and Conditions:** [ ] |
| **(2.2) Variations to Call-Off Terms and Conditions:** [ ] |

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| **3. PERFORMANCE OF THE SERVICES [AND DELIVERABLES]** |
| **(3.1) Key Personnel of the Supplier to be involved in the Services [and deliverables]:** [ ] |
| **(3.2) Performance Standards:** [ ] |
| **(3.3) Location(s) at which the Services are to be provided:** [ ] |
| **(3.4) Quality Standards:** [ ] |
| **(3.5) Contract Monitoring Arrangements:** [ ] |

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| --- |
| **4. CONFIDENTIAL INFORMATION** |
| **(4.1) The following information shall be deemed Commercially Sensitive Information or Confidential Information:** [ ] |
| **(4.2) Duration that the information shall be deemed Commercially Sensitive Information or Confidential Information:** [ ] |

**By signing and returning this Order Form the Provider agrees** to enter a legally binding contract with the Customer to provide the Service specified in this Order Form together with, where completed and applicable, the mini-competition order (additional requirements) set out in section 2 of this Order Form. Incorporating the rights and obligations in the Terms and Conditions set out in the Framework Agreement entered into by the Provider and The Department for Science, Innovation and Technology and any subsequent signed variations to the terms and conditions.

|  |
| --- |
| For and on behalf of the Supplier- |
| Name and Title |  |
| Signature |  |
| Date |  |

|  |
| --- |
| For and on behalf of the Customer- |
| Name and Title |  |
| Signature |  |
| Date |  |
|  |  |