1. FRAMEWORK SCHEDULE 4: LETTER OF APPOINTMENT AND CALL-OFF TERMS 
   1. **Letter of Appointment**

[Letterhead of Client]

Dear Sirs

**Letter of Appointment**

This letter of Appointment is issued in accordance with the provisions of the Framework Agreement (RM3796) between CCS and the Agency dated [xxxx].

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

|  |  |
| --- | --- |
| Order Number: | [ ] |
| From: | [ ] ("Client") |
| To: | [ ] ("Agent") |

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

|  |  |
| --- | --- |
| Relevant Lot: | [ ] |
| Services required: | Set out in Section 2 (Services offered) and refined by:  the Client’s Brief attached at Annex A and the Agency’s Proposal attached at Annex B; and  [insert supplemental information if any] |
| Statement of Work | [The Statement of Work is attached at Annex C and no further Statements of Work shall be entered into.] OR [The Parties may enter into such Statements of Work as are agreed between the Parties under Clause 1.2]  [ ] |

|  |  |
| --- | --- |
| 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 Call-Off 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 Call-Off 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 Call-Off Contract, with a minimum limit of £[x] million for each individual claim ] |
| Client billing address for invoicing: | [ ] |

|  |  |
| --- | --- |
| GDPR | [complete Call-Off Schedule 8 (Authorised Processing Template)] |
| Alternative and/or additional provisions: | [ ] |

**FORMATION OF CALL OFF CONTRACT**

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

**The Parties hereby acknowledge and agree that they have read this letter and the Call-Off Terms.** **The Parties hereby acknowledge and agree that this Call-Off Contract shall be formed when the Client acknowledges (which may be done by electronic means) the receipt of the signed copy of this letter from the Agency within two (2) Working Days from such receipt.**

**For and on behalf of the Agency: For and on behalf of the Client:**

Name and Title: Name and Title:

Signature: Signature:

Date: Date:

Annex A

**Client Brief**

Insert Client Brief

Annex B

**Agency Proposal**

Insert Agency Proposal

**ANNEX C**

**Statement of Works**

[To be used where the value of the Call Off Contract is less than £100k and there is a single Statement of Work]

* 1. **Call-Off Terms**

Insert Call-Off Terms