TORBAY COUNCIL

Annexe 9
CHANGE CONTROL NOTE (CCN)

CCN Number *(Sequential number to be allocated by the Authority)*	
The Authority	**Torbay Council of Town Hall, Torquay, Devon, TQ1 3DR**
The Supplier	**[Insert name and registered office address of the Supplier]**
Contract Reference Number, Title and Date	**Contract [insert reference number] for [insert contract title] dated [insert date contract executed] with a commencement date of [insert contract start date] ("Original Contract")**
CCN Issue Date	**[Insert date on which agreed CCN issued for signing]**
Date Change Effective	**[Insert date from which the change will be effective]**

1. DETAILS OF THE CHANGE

1.1. This Change Control Note (CCN) has been created in accordance with [Schedule 9 / 11/ 15 / clause 32] of the Original Contract and satisfies the requirements that permit a Change [, namely sub-paragraphs (a) to (d) detailed in paragraph 2.2 of said Schedule].

1.2. For the avoidance of doubt the parties hereto confirm all of the remaining terms and conditions of the Original Contract and subsequent Changes.

1.3. Title of Change	
1.4. Originator (name)	[insert name and organisation of person originating the request]
1.5. Date Change Requested	[insert date request to Change made]
1.6. Reason for the Change	
1.7. Date of Expiry of Validity of the CCN	

2. FULL DETAILS OF THE CHANGE (including any Specifications)

Guidance Provide full details on what is being changed, e.g. contract end date if extending, specific contract terms, additional services etc.

2.1. [The Contract will be extended to expire on insert expiry date]

2.2. [From the Effective Date the annual Contract value will be £insert new annual value]

2.3. [From the Effective Date the Terms and Conditions of the Original Contract will be altered as

follows:]

2.3.1.

2.4. [From the Effective Date the Contract Specification will be altered as follows:]

2.4.1.

3. THE PRICE OF THE CHANGE *(if applicable)*

[ ]

4. TIMETABLE FOR IMPLEMENTATION OF THE CHANGE *(including proposals for acceptance of the Change)*

[ ]

5. SCHEDULE OF PAYMENTS *(if applicable)*

[ ]

6. DETAILS OF THE LIKELY IMPACT ON OTHER ASPECTS OF THE CONTRACT *(if applicable)*

[ ]

7. AGREEMENT

CCN Accepted / Rejected *(delete as applicable)*

If accepted this Change is made on the Issue Date between the Authority and the Supplier and will be effective from the Effective Date providing it has been fully signed by the authorised signatories of both parties.

Executed as a deed by affixing the common seal of Torbay Council in the presence of:

Name:	
Position:	

COMMON SEAL

Signed by the Authorised Representative of the Authority

Name:		**Signature:**	
Position:		**Date:**	

Signed by the Authorised Representative of the Supplier

Name:		**Signature:**	

Position:		**Date:**	