

Charities and Third Sector

Access Agreement

Multifunctional Povices and Associated Digital Solutions Framework, CRG/DIJ/MED/01

Framework User C	Contact:	Supplier Contact:					
Name: Email: Tel:		Name: Email: Tel:					
					Framework Start Date 19th Ma i	rch 2024*	
					Length of Framework Agreeme	ent: 2 years with the op	tion of up to two 1 year extensions.*
This is an agreement to confin	m lenter Framework U	 ser name has satisfied itself of its eligibility to					
-	-	utes acceptance of the Framework Agreement					
-		closed, thereby creating a binding commitment					
		ework agreement referenced above.					
to the utilisation of a call-off c	ontract from the frame	ework agreement referenced above.					
We agree to enter into a Cal	II-Off Contract as fron	n lenter date of commencel, for a period of					
•		-					
•		-					
We agree to enter into a Cal [years/months] commences from the supplier: [ent	om the date of signatu	-					
[years/months] commences fr	om the date of signatu	-					
[years/months] commences from the supplier: [ent	om the date of signatu	-					
[years/months] commences from the supplier: [enterpolicy contact Name:	om the date of signatu	-					
[years/months] commences from the supplier: [enterpolicy contact Name: Telephone number:	om the date of signatu	-					
[years/months] commences from the supplier: [entermont Contact Name: Telephone number: Email Address:	om the date of signatu	n [enter date of commence], for a period of re of this Access Agreement.					
[years/months] commences from the supplier: [enterplace of the supplier: [om the date of signatu						
[years/months] commences from the supplier: [entermont	om the date of signatu						
[years/months] commences from the supplier: [enterplace of the supplier: [om the date of signatu	-					
[years/months] commences from the supplier: [entermont	om the date of signatu	-					
[years/months] commences from the supplier: [entermont	om the date of signatu						
[years/months] commences from the supplier: [entermont	om the date of signatu	-					
[years/months] commences from the supplier: [entermonths] Contact Name: Telephone number: Email Address: Signature: Date: On behalf of [enter Framework Contact Name: Telephone number:	om the date of signatu						

A completed copy of this form should be emailed to the contract manager Steve Davies at steve.davies@dukefieldprocurement.co.uk