

Change Control Enquiry	
Change Control Request number:	
Originator:	
Date of request for the change:	
Requested time for approval:	
Type of Change (as per Sch 9):	
Requested Change Control Summary	

Proposed by Trust	Name:
	Signature:
	Date:
NO CHANGE CONTROL REQUEST SHALL BE BINDING OR TAKE EFFECT AS VALID CHANGE UNLESS AND UNTIL BOTH PARTIES HAVE SIGNED THE CHANGE CONTROL FORM IN THE FORMAT OVERLEAF	

Schedule 9: Change Control Form

Contract Reference:

Change Reference:

Proposed by:

Date of Proposal:

Date of Change:

Capitalised words and phrases in this Change Control Form have the meanings given to them in the Agreement referred to above.

1. The Parties have agreed the Change summarised below:

Please refer to the details outlined in the above Change Request

2. The Change is reflected in the revised attached versions of the revised provisions of the Agreement bearing the contract reference and change reference numbers set out above and the Parties agree that the Agreement is varied accordingly.
3. The Change takes effect on **xxx**

IN WITNESS OF WHICH the Parties have signed this Change Control Form on the date(s) shown below

SIGNED by

.....
Signature

.....
for and on behalf of

.....
Title

.....
Date

SIGNED by

.....
Signature

.....
for and on behalf of
SYNNOVIS ANALYTICS LLP

.....
Title

.....
Date