

Department of Health and Wellbeing

[insert contact name
Insert provider address]

Public Health
5th Floor South
Britannia House
Hall Ings
Bradford BD1 1HX

Tel: (01274) 435336
Email: Colin.Stansbie@bradford.gov.uk

Date: 13th January 2020

Dear Pharmacist

RE: Contract for Bradford Pharmacy Stop Smoking Service

I write in reference to the above Contract and the intention to vary the contract held between the Parties:

- (1) City of Bradford Metropolitan District Council of City Hall, Bradford, BD1 1HY (the Authority); and
- (2) [Provider Name], [Provider Address] (the "Provider")

The Parties agree to vary the Contract and the scope of the Variation is set out in the attached Schedule of Change. The Variation is effective from the Effective Date stated in the Schedule of Change and subject to the changes made by this Variation the terms and conditions of the Contract remain in effect.

Words used but not defined in this Variation have the same meaning as they do in the Contract.

If you are in agreement with this variation please complete & sign the below Contract Variation and return either by email or posted to the address above.

Yours sincerely,



Signed for and on
behalf of the Authority
Name: Colin Stansbie
Position: Public Health Commissioning Manager

Schedule of Change

1. Effective Date: 1 April 2020.

2. Changes to the Services

The Services shall be amended as follows:

| Section | Amendment |
|--------------|--|
| AGREED TERMS | Replace `Expiry Date – means 31 st March 2020` with `Expiry Date – means 31 st March 2021` |
| 1.2 Term | The Contract will be extended for a further period of twelve (12) months and will be terminated on 31 st March 2021 |

Signed on behalf of **[insert name and address of provider name]**

Signed

Print Name

Position.....

Date.....

Signed on behalf of the Authority

Signed 

Print Name COLIN STANSBIE

Position Public Health Commissioning Manager

Date 13th January 2020