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**National LGPS Actuarial, Benefits and Governance Consultancy Services – Option Form**

Please complete either Option 1 or Option 2 below, then return this form by email to:

[nationallgpsframeworks@norfolk.gov.uk](mailto:nationallgpsframeworks@norfolk.gov.uk)

**Option 1: I would like to see the User Manual, Terms and Conditions and Supplier Catalogues before I go any further.**

I am interested in:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lot 1 |  | Lot 2 |  | Lot 3 |  |
| Actuarial Services | Benefits Consultancy | Governance Consultancy |
|  | | | | | |
| Lot 4 |  | Lot 5 |  | All Lots |  |
| Funding Risk Advisory Services | Consultancy Services to Support Specialist Projects |

Before we send you this commercially sensitive information, we need a Confidentiality Statement from you.

This is attached as Appendix 2to these Joining instructions. Once we receive this, we can forward the Framework documentation to you.

Please send the details to (*name*).…………………………………………………………….

Email address…………………………………………Tel:……………………………………..

## I have enclosed a signed copy of the Confidentiality Statement

**Option 2: I would like to use the Framework**

I am interested in:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lot 1 |  | Lot 2 |  | Lot 3 |  |
| Actuarial Services | Benefits Consultancy | Governance Consultancy |
|  | | | | | |
| Lot 4 |  | Lot 5 |  | All Lots |  |
| Funding Risk Advisory Services | Consultancy Services to Support Specialist Projects |

## Please send me a copy of the Members Access Agreement/Annex A to sign

**I have enclosed a signed copy of the Confidentiality Statement**

**Or**

## I have previously signed a copy of the Confidentiality Statement

Please send the Members Access Agreement/Annex A and Framework details to:

Organisation Name: ………………………………………………………………………………..

Officer Name: ……………………………………………………………………………………….

Address:…………………………………………………………………………………………..

……………………………………………………………………………………………

Email address: ………………………………………… Telephone: ……………………………..

Please send the invoice for the Joiners Fee to: (Officer Name).……………………………

Organisation Name: ………………………………………………………………………………..

Invoice address: …………………………………………………………………………………..

…………………………………………………………………………………..

Email address: …………………………………………

Preferred Payment Method e.g. CHAPS, BACS, Cash, Debit Card etc.…………………………..

Is a Purchase Order Number required: Yes/No

If Yes, please provide the Purchase Order Number:………………………………………