National LGPS Framework for Stewardship Services

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

NationalLGPSFrameworks@norfolk.gov.uk

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

I am interested in:

[ ] Lot 1 - Voting Services

[ ] Lot 2 - Engagement Services

[ ] Lot 3 - Voting and Engagement Services

[ ] Lot 4 - Stewardship Reporting and Projects

[ ] All Lots

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

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 - Voting Services

[ ] Lot 2 - Engagement Services

[ ] Lot 3 - Voting and Engagement Services

[ ] Lot 4 - Stewardship Reporting and Projects

[ ] All Lots

[ ] **Please send me 2 copies of the Members Access Agreement 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 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:…………………………………………