National LGPS Framework for Legal Services – Option Form

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 – Full Service (England and Wales)

[ ] Lot 2 - Full Service (Scotland)

[ ] Lot 3 - Full Service (Northern Ireland)

[ ] Lot 4 - Investment (UK Wide)

[ ] Lot 5 - Benefit Administration, Employer Bodies and Governance (England and Wales)

[ ] Lot 6 - Benefit Administration, Employer Bodies and Governance (Scotland)

[ ] Lot 7 - Benefit Administration, Employer Bodies and Governance (Northern Ireland)

[ ] 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 – Full Service (England and Wales)

[ ] Lot 2 - Full Service (Scotland)

[ ] Lot 3 - Full Service (Northern Ireland)

[ ] Lot 4 - Investment (UK Wide)

[ ] Lot 5 - Benefit Administration, Employer Bodies and Governance (England and Wales)

[ ] Lot 6 - Benefit Administration, Employer Bodies and Governance (Scotland)

[ ] Lot 7 - Benefit Administration, Employer Bodies and Governance (Northern Ireland)

[ ] All Lots

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

Or

[ ]  **I have previously signed a copy of the Confidentiality Statement**

Please note the Team will advise if a Members Access Agreement or Annex A is needed as you wish to join the Framework. Please confirm the email the document needs to be sent to.

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

Email address: …………………………………………

Telephone: ……………………………………………...

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

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

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

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Email address: …………………………………………

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

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Is a Purchase Order Number required: Yes/No

If yes, please provide the Purchase Order Number…………………………………………