

28<sup>th</sup> September 2021

Your Ref

Our Ref NP590/15



UK Product & Marketing Manager  
Sunrise Medical Ltd  
Thorns Road  
Brierley Hill  
West Midlands DY5 2LD



**Extension of Framework Agreement for:** NP590/15 Children's Buggies and Adult & Children's Wheelchairs

**Find A Tender (FTS) Contract Notice Reference Number:** 2014/S 196-346169

**Name of Framework Participant:** Sunrise Medical Ltd

I refer to the above Framework Agreement for the supply of Children's Buggies and Adult & Children's Wheelchairs to Health Boards in NHS Scotland.

The Common Services Agency ("Authority") would like to exercise an additional **12** month's extension on this Framework Agreement. The date on which the extension to the Framework Agreement shall come into effect shall be **1 October 2021** with a revised contract end date of **30 September 2022**.

All existing pricing, terms and conditions will remain unchanged as per the original award dated 3 March 2015, except for the price variations proposed in your e-mail of 16 January 2020 that came into effect from 1 April 2020.

If the Company wishes to accept this extension offer, the Company's duly authorised signatory should sign and date the docket below and return one copy to Paul Clyde, Commodity Manager at [paul.clyde@nhs.scot](mailto:paul.clyde@nhs.scot) by **Thursday, 30<sup>th</sup> September 2021**.



**HEADQUARTERS**

Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB

Chair Keith Redpath  
Chief Executive Mary Morgan

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service*





CONFIRMATION OF ACCEPTANCE

**Reference:** NP590/15 Children’s Buggies and Adult & Children’s Wheelchairs

**Find A Tender (FTS) Contract Notice Reference Number:** 2014/S 196-346169

**Period:** 1 October 2021 to 30 September 2022

I confirm that I have checked the Supplier Contract Award Information Template and found all details to be correct; any amendments that are highlighted in red on the spreadsheet.

Company Name: **Sunrise Medical Ltd**

Sign \_\_\_\_\_

Print \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



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