Form of Application

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| **FORM OF APPLICATION: APPLICATION CERTIFICATE** | | |
| TO: Cumbria County Council | | |
| DATE: [DATE] | | |
| PROVISION OF: **Community Pharmacy Public Health Services** | | |
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| I (INSERT NAME) the undersigned, having examined the Invitation to Apply and associated documents, do hereby offer to provide the Services as specified in those documents and in accordance with the attached documentation to the Council commencing 1st October 2018 and continuing for the period specified in the Contract.  If this offer is accepted, we will execute such documents in the form of the Contract within 14 days of being called on to do so.  I agree that before executing the Contract (and associated schedules) substantially in the form set out in the Invitation to Apply document, the formal acceptance of this Application in writing by the Council or such parts as may be specified, together with the contract documents attached hereto shall comprise a binding contract between the Council and  [insert name of company].  I understand and accept the provisions set out in clause 1.5 of Appendix 1 of the Invitation to Apply. Further I hereby agree to comply with the obligations placed on me and my organisation set out in clause 1.5.  I warrant that I have all requisite authority to sign this Application and confirm that I have complied with all the requirements of the Application. | | |
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| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name and Status | ……………………………… | |
| For and on behalf of | [NAME OF COMPANY] | |