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| --- | --- | --- | --- | --- | --- | --- | --- |
| **C6935** | | | **Contract Number:** | | Type here | | |
|  | | | | | | | |
| To | Type here | | | CLC number | | Type here | |
| Email/fax number | | Type here | |
| Total no. of pages | | Type here | |
| Attention | | Type here | | | | | |
| Sender’s name | | Type here | | | | | |
| Sender’s phone number (if transmission errors) | | Type here | | | | | |
| Name of Other Consultant(s) | | Type here | | | | | |
| In accordance with Clause 6.2.7 (c) of the Supplementary Conditions of Contract (Form C7553), we: | | | | | | | |
| Request a Meeting with the Above Consultant(s) | | | | | | |  |
| Require the following Information from the Above Consultant(s) | | | | | | |  |
| List information required | | | | | | | |
| Type here | | | | | | | |

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| Authorisation | | | | | | | | | | | |
| For and on behalf of the Consultant | | | | | | | | | | | |
| Name/Position | | Signature | | | | | Date | | | | |
| Type here | |  | | | | | | Type here | | | |
| Reply to Consultant | | | | | | | | | | | |
|  | A meeting has been arranged for | | Type here | on | Type here | | | | at | Type here | |
|  | The above information is attached | | | | | | | | | | |
|  | The above information is available for collection | | |  | Perusal | | | |  | at | Type here |
| Comments | | | | | | | | | | | |
| Type here | | | | | | | | | | | |
| Authorisation | | | | | | | | | | | |
| For and on behalf of the Principal | | | | | | | | | | | |
| Name/Position | | Signature | | | | Date | | | | | |
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