

| Project Data               |   |                           |               |
|----------------------------|---|---------------------------|---------------|
| Title                      |   |                           |               |
| Project Manager            |   |                           |               |
| Client                     |   | Compensation Event Number | CAR-XXX-YYY   |
| Council Reference:         |   |                           |               |
| Item                       | Change Requested By:  | Change Request Issued to: |               |
| Name                       |   |                           |               |
| Position                   |   |                           |               |
| Address                    |   |                           |               |
| Telephone Number           |   |                           |               |
| Mobile Number              |   |                           |               |
| E-mail                     |   |                           |               |
| Details of Change Request  |   |                           |               |
| Date of Issue              |   | Relating to EWN :         |               |
| Date of Receipt            |   |                           |               |
| Method of Issue            | E-mail <input checked="" type="checkbox"/> Post <input type="checkbox"/> Hand Delivered <input type="checkbox"/>  |                           |               |
| Compensation Event Title   |   |                           |               |
| Reason                     |   |                           |               |
| Description                |   |                           |               |
| Implications of Change     |   |                           |               |
| Fee                        |   |                           |               |
| Resources                  |   |                           |               |
| Quality                    |   |                           |               |
| Programme                  |   |                           |               |
| Interfaces                 |   |                           |               |
| x Project Manager          |   | Name                      | Mark Saunders |
| Expected Date of Response: |   |                           |               |
| Client Authorisation       |   |                           |               |
| Statement                  | You are authorised <input type="checkbox"/> You are not authorised <input type="checkbox"/> to proceed with the above change                                  |                           |               |
|                            | As indicated in your 'Implications of Change' <input type="checkbox"/> Subject to the following <input type="checkbox"/> (Client to add details as necessary) |                           |               |
|                            |   |                           |               |
| x Signature                |   | Name                      |               |
| Date Submitted             |   |                           |               |