|  |  |  |
| --- | --- | --- |
| **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 |

|  |
| --- |
| 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 |
| Type here |  | Type here |