

SCHEDULE 5 FORM OF CHANGE CONTROL NOTICE (CCN)

*This form is issued pursuant to Clause 18 of the Terms and Conditions between Talent Recognition Limited (the "Provider") and the Customer. The submission of a completed CCN constitutes a request for a Change only. **No Change shall take effect unless and until this CCN has been countersigned by both parties. The Provider's agreement to any proposed Change is entirely at the Provider's sole discretion and the Provider is under no obligation to accept any CCN.** The Customer may not treat the submission of a CCN as creating any contractual obligation on the Provider to implement the requested Change.*

1. CCN Reference Details

Field	Detail
CCN Reference Number	CCN-
Date of CCN	
Requesting Party	<input type="checkbox"/> Talent Recognition Limited (Provider) <input type="checkbox"/> Customer
Services Order Form reference	
Customer name	

2. Description of Proposed Change

Item	Details
Nature of Change	<input type="checkbox"/> Addition of Service(s) <input type="checkbox"/> Removal of Service(s) <input type="checkbox"/> Modification of Service(s) <input type="checkbox"/> Change to Charges <input type="checkbox"/> Change to Term <input type="checkbox"/> Other (describe below)
Description	Please describe the proposed Change in full:
Reason / Justification	

Proposed implementation date	

3. Impact Assessment

Area	Impact (if any)	Agreed?
Charges		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBC
Services Order Form (Section to be amended)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBC
Hosted Services Specification		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBC
Timelines / delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBC
Data processing (Schedule 6)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any other impact		

4. Provider Response

To be completed by Talent Recognition Limited within the CCN Consideration Period (10 Business Days from receipt). The Provider is under no obligation to accept this CCN. Silence does not constitute acceptance.

Provider Decision
<input type="checkbox"/> Accepted — the Provider agrees to implement the Change on the terms set out in this CCN as countersigned below.
<input type="checkbox"/> Rejected — the Provider declines to implement the proposed Change. Reasons (optional):
<input type="checkbox"/> Counter-proposal — the Provider proposes an amended CCN in substitution for this CCN (see attached amended CCN ref: _____).

5. Execution

This CCN shall become binding on the parties only upon countersignature by duly authorised representatives of both parties. A Change takes effect from the date of the last signature below, or such other date as is specified in Section 2 above and agreed by both parties.

Signed for Talent Recognition Limited (Provider)	Signed for the Customer
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

IN FORCE FROM March 2026