# Order Form – CUA Over the Counter Services

**Buying Process**

|  |  |
| --- | --- |
| Step 1 | Potential Customer completes PART A. Please contact the Over the Counter Services Contract Manager if any requirements are not listed in the Service Description of this form. |
| Step 2 | Potential Customer sends the Order Form to Contractor(s). |
| Step 3 | Contractor completes PART B and returns to the Customer. |
| Step 4 | Customer and Contractor confirms acceptance and complete PART C. |
| Step 5 | Forward completed form (including any attachments) to the Contract Manager. |

## Part A: Request to Contractor

This request is called under Common Use Arrangement OTC 2018 for Over the Counter Services.

Date:

|  |
| --- |
| CUSTOMER DETAILS (Please complete all fields) |
| Name of Customer: |   |
| Section / Division: |   |
| Contact person and title:  |   |
| Contact details: | Phone: |   |
| Email: |   |
| Postal Address: |   |
| Service Period: | Option 1:As per Contract Term in Head Agreement | Option 2:From: dd/mm/yyyy To: dd/mm/yyyyExtensions: |
|  Is this a pilot service?  | [ ]  YES | [ ]  No |
| Title of Transaction: |  |
| Brief Service Description: |  |
| Categories: |  [ ]  Category A – Over the Counter Invoice Payments; Cash disbursements, and/or [ ]  Category B – Over the Counter Services – Timed Transactions; and/or [ ]  Category C – Optional Ancillary Services. |

### MANAGED SERVICES

Details of the Managed Services required by the Potential Customer are contained in Section (i) to (iv) below.

#### SECTION (i) – Category A – Over The Counter Invoice Payment Services

|  |
| --- |
| **Description / Scope:** |

(Please tick applicable requirements only)

|  |  |  |
| --- | --- | --- |
| Please tick | Service Description | Additional Information (Attach further details if required). |
| [ ]  | Collection and settlement of payments received (invoices only) | * Services as specified in the Request – Category A
* Specify payment type to be accepted: Cash, EFTPOS, Credit Card, Cheque (excludes American Express and Diner’s Club cards)
* Make reference to SLA or business rules if required
* Other requirements (please specify):
 |
| [ ]  | Cash Disbursements  | * Services as specified in the Request – Category A
* Specify payment type to be received: Cash, EFTPOS, Credit Card, Cheque (excludes American Express and Diner’s Club cards)
* Make reference to SLA or business rules if required
* Other requirements (please specify):
 |
| [ ]  | Return of invoice stubs collected | Specify details and requirements to return invoice stubs collected (e.g. returned daily at Close of Business or weekly and mailing/scanning address) |
| [ ]  | Reporting Requirements | * Specify frequency and customised reporting requirements
* Attach sample customised reconciliation reports
 |
| [ ]  | Intellectual Property Ownership | [ ]  Australia Post to own[ ]  Joint Ownership[ ]  Owned by the CustomerDescription if required:\* Please note as per Clause 23.1 in the Request Conditions and General Conditions of Contract [Dec 2016], Intellectual Property relates to ‘New Material’ under the CUA. Existing transactions are not considered ‘New Material’ and therefore previous Intellectual Property arrangements apply for existing CUA Transactions. To understand the ramifications of each option below please discuss with your in-house counsel or the State Solicitor’s Office. |

#### SECTION (ii) – Category B – Over the Counter Services – Timed Transactions

|  |
| --- |
| **Description / Scope** |

(Please tick applicable requirements only)

|  |  |  |
| --- | --- | --- |
| Please tick | Service Description | Additional Information (Attach further details if required). |
| [ ]  | Collection and settlement of payments received  | Please specify the following (at minimum):* Payment type to be accepted: Cash, EFTPOS, Credit Card, Cheque (excludes American Express and Diners Cards)
* Requirements to check forms for correct completion before acceptance
* Requirements for Identity Verification, photographic image capture, signature capture and equipment provided or required
* Requirements for manual data entry if any (e.g. processing change of details)
* Make reference to SLA or business rules if required
* Other requirements:
 |
| [ ]  | Return of application forms or other documentation collected | Specify details and requirements to return documentations collected (e.g. returned daily at Close of Business or weekly and scanning/mailing address) |
| [ ]  | Reporting Requirements | Please specify the following (at minimum):* Format and frequency of data transfers
* Format and frequency of customised reconciliation reports (attach sample)
* Attach sample customised report
* Make reference to SLA or business rules if required
 |
| [ ]  | IT System Requirements | Please specify any specific IT system requirements (if any) |
| [ ]  | Intellectual Property Ownership | [ ]  Australia Post to own[ ]  Joint Ownership[ ]  Owned by the CustomerDescription if required:\*\* Please note as per Clause 23.1 in the Request Conditions and General Conditions of Contract [Dec 2016], Intellectual Property relates to ‘New Material’ under the CUA. Existing transactions are not considered ‘New Material’ and therefore previous Intellectual Property arrangements apply for existing CUA Transactions. To understand the ramifications of each option below please discuss with your in-house counsel or the State Solicitor’s Office. |
| [ ]  | Workforce Verification Services | Please attach the agreed “Workforce Verification Services Special Conditions” and attach the completed “Workforce Verification Onboarding Form”\*\*\* Please note Workforce Verification Services will cease as of 28 October 2023.\*\*\*\*Please note the Workforce Verification Service Special Conditions may take precedence over the terms and conditions of CUA OTC 2018 Head Agreement. To understand the ramifications of the departures please complete a risk assessment and discuss with your in-house counsel, the State Solicitor’s Office and/or Insurance Commission of WA. You may be required to complete additional activities prior to completing the Order Form process (such as a risk assessment prior to agreeing to a liability cap). |

#### SECTION (iii) – Category C – Optional Ancillary Services

The services in this category are optional under the CUA. This category cannot be used as a standalone service and must be used with either Category A and/or Category B of this CUA.

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| --- |
| **Description / Scope** |

(Please tick applicable requirements only)

|  |  |  |
| --- | --- | --- |
| Please tick | Service Description | Additional Information (Attach further details if required). |
| [ ]  | Postal Remittance Services  | * Services as specified in the Request – Category A and/or B
* Specify payment type to be accepted: Credit Card or Cheque (excludes American Express and Diners Cards)
* Make reference to SLA or business rules if required
* Specify details and requirements to return documentations collected (e.g. returned daily at Close of Business or weekly and mailing address)
* Specify reporting requirements
 |
| [ ]  | Application form display, storage and distribution  | Please specify the following (at minimum):* Size of form
* Location of outlets
* Process for low stock notification and stock replenishment
* Make reference to SLA or business rules if required
 |
| [ ]  | Printing of application forms | Please specify the following (at minimum):* Specification of form (colour, photograph attachment, fields)
* Size of form
* Process for printing when low stock notification received and stock replenishment if used with ‘Application form display, storage and distribution’
* Details of delivery points for printed forms
* Make reference to SLA or business rules if required
 |
| [ ]  | Processing or scanning of application forms | Please specify the following (at minimum):* Scanning of application forms – PDF, Optical Character Recognition (OCR), Intelligent Character Recognition (ICR)
* External security checking systems (e.g. ACIC)
* Scanned forms – Retention and disposal requirements for application form archiving
* Make reference to SLA or business rules if required
 |
| [ ]  | Application form development | Please specify the following (at minimum):* Paper form or electronic or smart form
* Requirements of the form e.g. construction of 2D barcode or other special requirements
* Make reference to SLA or business rules if required
 |
| [ ]  | Intellectual Property Ownership | [ ]  Australia Post to own[ ]  Joint Ownership[ ]  Owned by the CustomerDescription if required: \*\* Please note as per Clause 23.1 in the Request Conditions and General Conditions of Contract [Dec 2016], Intellectual Property relates to ‘New Material’ under the CUA. Existing transactions are not considered ‘New Material’ and therefore previous Intellectual Property arrangements apply for existing CUA Transactions. To understand the ramifications of each option above please discuss with your in-house counsel or the State Solicitor’s Office. |

#### SECTION (iv) – Special Conditions

In addition to the terms and conditions of CUA OTC 2018 Head Agreement, the following special conditions applies to this Customer Contract.

|  |
| --- |
| **Special Condition – Customer Contract Performance Management**Is there a separate Service Level Agreement? [ ]  Yes (please attach SLA)[ ]  No (Optional – please complete the following table) |

|  |  |  |  |
| --- | --- | --- | --- |
| Business Rules by Category | Service Level Target | Measurement | Frequency |
|  |  |  |  |
|  |  |  |  |
| **Special Condition** – <Insert any other special conditions here>For example, special conditions related to handling of any equipment provided to the contractor, training of staff, responsibility for lost forms, warranties, or a transition in/out plan.[ ]  Yes (please attach)[ ]  No |

|  |
| --- |
| AttachmentsAttachments below provide further information to the service requirements above.  |
| <insert any attachments or the SLA here> |

## Part B: Response from Contractor

|  |
| --- |
| CONTRACTORS CONTACT DETAILS |
| Name of Contractor: |   |
| Contact Person and Position: |   |
| Phone: |  | Fax: |   |
| Email: |  |

### SUMMARY OF SERVICE REQUIREMENTS

Contractor must provide enclosed order form to contract manager

CATEGORY A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Description | Estimated Time for Set Up | Set Up Cost per Hour | Proposed hours | Demonstration of value for money |
| Reporting Requirements |  |  |  |  |
| Service Description | **Frequency** | **Number of Outlets** |
| Return of Invoice Stubs |  |  |

CATEGORY B

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service Description | Number of Business Rules | Estimated Average Transaction Time (Category) | Estimated Time for Set Up | Proposed hours | Demonstration of value for money |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Category C**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Description | Number of Business Rules | Estimated Time for Set Up | Proposed hours | Demonstration of value for money |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Service Description | Frequency | Number of Outlets |
| Return of Application Forms/ Documentation |  |  |

|  |
| --- |
| PRICING (Contractor to provide price schedule according to service summary above)  |
|  |

## Part C: Acknowledgement

The Customer and the Contractor certifies that the above requirements and prices are in accordance with the terms, conditions and pricing of CUA OTC 2018 Over the Counter Services.

The Contract Commencement Date for the Customer Contract is: dd/mm/yyyy

|  |  |
| --- | --- |
| Executed for and on behalf of [**Customer**] by a duly authorised representative | Signature:Name:TitleDate: |
| Executed for and on behalf of **[Contractor]** by a duly authorised representative | Signature:Name:TitleDate: |

If any proposed changes will vary the Customer Requirements, the Contract Details in the Order Form or any other technical requirements, the Customer may complete the following form