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**Schedule**

**Government**: Her Majesty the Queen in right of the government of the Cook Islands acting by and though the Minister/Secretary [insert details of Ministry or Department]

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Position:

Date:

**Consultant**: [Insert Consultant details]

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Position:

Date:

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**Project:**

**Location:**

**Scope and Nature of the Services:**

**Programme for the Services:**

**Fees and Timing of Payments:**

**Insurance:**

**Contact Person**:

Government Contact: [insert details]

Supplier Contact: [insert details]

**Key Personnel:**

**Special Conditions:**