**Third Party Memorandum of Understanding (MoU)**

**Access**

SUPPLIER NAMEagree that in order to access YOUR ORGANISATION’s information assets for the purpose of DESCRIPTION OF TASK, the work will be conducted through a device(s) which is managed (ie is appropriately patched, has current anti-virus software installed), with appropriate technical and operational controls, and does not operate obsolete and unsupported software or platforms, to ensure confidentiality, integrity and availability of YOUR ORGANISATION’s information assets is maintained.

SUPPLIER NAME agrees that they have the provision to show details (dates, times, individual user) of when they access YOUR ORGANISATION’s network in order to provide an audit trail should it be required for inspection.

SUPPLIER NAME understands that this MoU is required to maintain YOUR ORGANISATION’s compliance with the Public Services Network (PSN) conditions. [DELETE IF NOT APPLICABLE]

**Observance of policies and procedures**

SUPPLIER NAME will throughout the period of engagement observe the terms set out in its signed agreement with YOUR ORGANISATION, including, but not limited to:

1. We shall ensure that the PC/laptop is locked to prevent unauthorised access when unattended
2. We shall not copy any information from the system (including taking photographs), or take information offsite without consent of the data owner
3. We understand that changes to live systems must be approved by YOUR ORGANISATION
4. We shall only access the information necessary as part of our professional duties for SUPPLIER NAME
5. We understand that system access is monitored and audited, and that any misuse could result in legal proceedings against SUPPLIER NAME

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| --- | --- | --- | --- |
| IP Address of managed devices: |  | | |
| Purpose of Access: |  | | |
| Period of Access: |  | | |
| Signature: |  | | |
| Printed Name: |  | | |
| Date Signed: |  | Company: |  |
| Company address: |  | | |

This form should be returned to XXX, prior to the commencement of works.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised on behalf of YOUR ORGANISATION by: | | | |
| Signature: |  | | |
| Printed Name: |  | Date: |  |