

## STATEMENT OF WORK

Item	Details
SOW Number	[SOW-XXXX]
Effective Date	[Insert Date]
Project Title/Services	_____
Service Provider	DEEP PHARMA INTELLIGENCE LIMITED
Client	[Company Name]

This Statement of Work (the "SoW") is an annex of the Master Service Agreement (the "Agreement"). The Agreement is being entered into by (Client's Company Name) ("Client" or "You") and DEEP PHARMA INTELLIGENCE LIMITED ("Service Provider" or "We"). This SoW describes in detail the responsibilities of each of the parties in completing the related Project/Service.

**Offer Availability.** The terms and prices offered in the Agreement will be available to you for 10 business days. Schedule is subject to change until the Agreement is fully executed.

### GOALS

**(Please detail the services/products will be provided to the Client. The Client also needs to detail any additional services requested by the Client. These may include, but are not limited to, advanced customizations, enhanced functionalities, specifications.)**

**Deliverables.**

**Please provide the deliverables for services/products.**

**Timeline.**

- Project Start Date: [Insert Date]
- Completion Date: [Insert expected project completion date.]

Provided the signed contracts and deposit are received, along with complete content for the project, We are prepared to begin work on [x]. We estimate a -week timespan for the completion of the agreed scope. Any additional change requests will be billed at our rate of [x] USD/h. This is the hourly rate for the foreseen work needed to complete the scope outlined in this proposal. Unforeseen works would be billed separately each month, with prior approval by Client. Client shall use all reasonable efforts to provide needed information, materials and approvals.

### Payment Schedule

Project fee is xxxx USD.



**(Please provide the payment and invoicing schedule here)**

**Payment Due Dates.** Each invoice shall be due and payable within 3 days from the date of receipt by the Client. Late payments shall accrue interest at a rate of 15% per month or the maximum rate permitted by law, whichever is higher.

**Primary Contacts.**

Each party will have 2 primary points of contact for this work.

They are:

**(List the primary contact persons for both the Service Provider and the Client for project communication.)**

**Procedure for Changes.** Subject to detailed terms in the Service Agreement, requests for changes must be submitted in writing. The Service Provider will evaluate the impact on scope, cost, and timeline and provide a revised proposal for approval.

This SOW is agreed upon and accepted by the undersigned authorised representatives of the Service Provider and the Client.

Client	Service Provider
	<b>DEEP PHARMA INTELLIGENCE LIMITED</b>
By: _____ (Signature)  Name: Title:	By: _____ (Signature)  Name: Title: