



APPOINTMENT OF A PANEL OF PROFESSIONAL (INFORMATION, COMMUNICATION AND TECHNOLOGY) CO-SOURCED INTERNAL AUDIT FOR NKANGALA DISTRICT MUNICIPALITY AND ITS LOCALS FOR A PERIOD OF THREE (03) YEARS.

CONTRACT DATA

DATA PROVIDED BY THE EMPLOYER

	Data
1	The Name of the Employer is Nkangala District Municipality The address of the Employer is: 2A Walter Sisulu Street MIDDELBURG 1050 P O Box 437 Middelburg 1050 Telephone: 013 249 2000 Facsimile: 013 249 2087
2	APPOINTMENT OF A PANEL OF PROFESSIONAL (INFORMATION, COMMUNICATION AND TECHNOLOGY) CO-SOURCED INTERNAL AUDIT FOR NKANGALA DISTRICT MUNICIPALITY AND ITS LOCALS FOR A PERIOD OF THREE (03) YEARS.
3	The Period of Performance is as per letter of appointment
4	The Service Provider may not release public or media statements or publish material related to the Services or Project without the written approval of the Employer.
5	The Service provision shall be completed as per letter of appointment
6	The programme shall be submitted within seven (7) days of the acceptance of appointment.
7	The Service Provider shall provide the Professional Indemnity Insurance a minimum of R50 000.00 per claim.
8	The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the Service Provider.
9	Copyright of document prepared for the project shall be vested with the Nkangala District Municipality
10	Settlement of dispute is to be in terms of the Supply Chain Management Policy of the Nkangala District Municipality, not excluding the provisions provided for in terms of rules / laws governing dispute resolution and employing services of the courts to remedy any dispute that may arise.
11	Service Provider will be paid in accordance with the Nkangala District Supply Chain Management Policy.
12	A Service Provider may subcontract any work in relation to the terms and conditions of their scope of work.



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PART 1: DATA PROVIDED BY THE SERVICE PROVIDER

1.	The Service Provider is Address: Telephone: Facsimile:																		
2	The authorised and designated representative of the Service Provider is: Name: The address for receipt of communications is: Telephone: Facsimile: Address:																		
3	The Key Persons and their jobs / functions in relation to the services are: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">No</th> <th style="width: 45%;">Name</th> <th style="width: 45%;">Specific Duties</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	No	Name	Specific Duties															
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