# CONTRACT DATA

## DATA PROVIDED BY THE EMPLOYER

| | Data |
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| 1 | The Name of the Employer is **Nkangala District Municipality**<br><br>The address of the Employer is:<br>2A Walter Sisulu Street<br>MIDDELBURG<br>1050<br><br>P O Box 437<br>Middelburg<br>1050<br><br>Telephone: 013 249 2000<br>Facsimile:   013 249 2145 |
| 2 | The Project is for the **"APPOINTMENT OF A SERVICE PROVIDER FOR THE PROVISION, MAINTENANCE AND SUPPORT OF AN AGILE WEB-BASED ELECTRONIC DOCUMENT MANAGEMENT AND COMMITTEE MANAGEMENT SYSTEM FOR A PERIOD OF THIRTY-SIX (36) MONTHS".** |
| 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 Service Provider shall provide the Professional Indemnity Insurance for an amount in the sum of R1 000 000.00 per claim. |
| 7 | The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the Service Provider. |
| 8 | Copyright of document prepared for the project shall be vested with the Nkangala District Municipality |
| 9 | Service Providers will be paid in accordance with the Nkangala District Supply Chain Management Policy. |
| 10 | A Service Provider may not subcontract any work not approved by the employer the Nkangala District Municipality |

## PART 1: DATA PROVIDED BY THE SERVICE PROVIDER

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| 1. | The Service Provider is . . . . . . . . . . . . . . . . . . . . . . <br><br> Address: . . . . . . . . . . . . . . . . . . <br><br> Telephone: . . . . . . . . . . . . . . . . . . <br><br> Facsimile: . . . . . . . . . . . . . . . . . . |
| 2 | The authorised and designated representative of the <br><br> Service Provider is: <br><br> Name: . . . . . . . . . . . . . . . . . . <br><br> The address for receipt of communications is: <br><br> Telephone: . . . . . . . . . . . . . . . . . . <br><br> Facsimile: . . . . . . . . . . . . . . . . . . <br><br> Address: . . . . . . . . . . . . . . . . ...................................................................... |