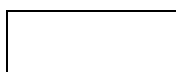


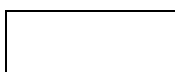
**C1.2 CONTRACT DATA**

**DATA PROVIDED BY THE EMPLOYER**

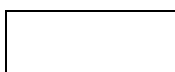
	Data
1	The Name of the Employer is <b>Thembisile Hani Local Municipality</b>  The address of the Employer is: Stand no. 24, Opposite Police Station Kwaggafontein C Mpumalanga 0458  Private Bag X4041 Kwaggafontein C Mpumalanga 0458  Telephone: 013 986 9100 Facsimile: 013 986 0995
2	The Project is for the APPOINTMENT OF A SERVICE PROVIDER FOR THE MAINTENANCE AND UPDATING OF A GRAP COMPLIANT AND MSCOA-ALIGNED ASSET REGISTER FOR A PERIOD OF 36 MONTHS
3	The Period of Performance is as per letter of appointment and the SLA.
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	APPOINTMENT OF A SERVICE PROVIDER FOR THE MAINTENANCE AND UPDATING OF A GRAP COMPLIANT AND MSCOA-ALIGNED ASSET REGISTER FOR A PERIOD OF 36 MONTHS shall be completed within the specified period.
6	The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the Service Provider.
7	Copyright of document prepared for the project shall be vested with the Thembisile Hani Local Municipality
8	Settlement of dispute is to be in terms of the Supply Chain Management Policy of the Thembisile Hani Local 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.
9	Service Providers will be paid in accordance with the Thembisile Hani Local Municipality Supply Chain Management Policy.
10	A Service Provider may not subcontract any work not approved by the employer the Thembisile Hani Local Municipality



Tenderer



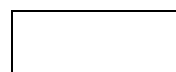
Witness 1



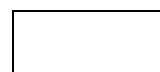
Witness 2



Employer



Witness 1



Witness 2

**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: 50%;">Name</th> <th style="width: 40%;">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															
No	Name	Specific Duties																	

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*