

CONTRACT DATA

DATA PROVIDED BY THE EMPLOYER

	Data
1	<p>The Name of the Employer is Nkangala Economic Development Agency</p> <p>The address of the Employer is: 2A Walter Sisulu Street MIDDELBURG 1050</p> <p>P O Box 437 Middelburg 1050</p> <p>Telephone: 013 249 2225 Facsimile: 013 249 2145</p>
2	The project is for the appointment of a service provider to manufacture, supply, and distribute water treatment chemicals, including the provision of technical expert advisory services for the establishment of a chemical manufacturing plant within Nkangala District jurisdiction for the Nkangala Economic Development Agency (NEDA) for a period of 3 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 Service Provider shall provide the Professional Indemnity Insurance for a cover to be negotiated with the Client (If applicable)
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 Economic Development Agency
9	Settlement of dispute is to be in terms of Clause 51 of the Supply Chain Management Policy of the Nkangala Economic Development Agency, 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.
10	Service Providers will be paid in accordance with the Nkangala Economic Development Agency Supply Chain Management Policy.

11	A Service Provider may not subcontract any work not approved by the employer the Nkangala Economic Development Agency
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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: