

C1.2 CONTRACT DATA

DATA PROVIDED BY THE EMPLOYER

	Data
1	<p>The Name of the Employer is Thembisile Hani Local Municipality</p> <p>The address of the Employer is: Stand no. 24, Opposite Police Station Kwaggafontein C Mpumalanga 0458</p> <p>Private Bag X4041 Kwaggafontein C Mpumalanga 0458</p> <p>Telephone: 013 986 9100 Facsimile: 013 986 0995</p>
2	<p>The Project is for the appointment of a service provider for the employee wellness assistance programme for Thembisile Hani Local Municipality for a period of 36 months.</p>
3	<p>The Period of Performance is as per letter of appointment and the SLA.</p>
4	<p>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.</p>
5	<p>The appointment of a panel of professional service providers to provide financial advisory and debt collection services for a period of 36 months shall be completed within the specified period.</p>
6	<p>The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the Service Provider.</p>
7	<p>Copyright of document prepared for the project shall be vested with the Thembisile Hani Local Municipality</p>
8	<p>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.</p>
9	<p>Service Providers will be paid in accordance with the Thembisile Hani Local Municipality Supply Chain Management Policy.</p>
10	<p>A Service Provider may not subcontract any work not approved by the employer the Thembisile Hani Local Municipality</p>

PART 1: DATA PROVIDED BY THE SERVICE PROVIDER

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

Witness 2

Employer

Witness 1

Witness 2