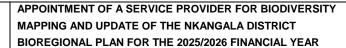


CONTRACT DATA

C1.2.2 Part 1: Data provided by the Employer

| Clause | 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 | The Project is for appointment of a service provider for Biodiversity Mapping and update of the |
| | Nkangala District Bioregional Plan in the financial year 2025/26 |
| 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 (PI) Insurance cover of R 2 000 000.00 or more. |
| 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

| 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: |
| 2 | Facsimile: |