

## C1.2 CONTRACT DATA

### DATA PROVIDED BY THE EMPLOYER

	<b>Data</b>
<b>1</b>	<p>The Name of the Employer is <b>Thembisile Hani Local Municipality</b></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>
<b>2</b>	The Project is for the supply and delivery of the roadblock trailer
<b>3</b>	The Period of Performance is as per letter of appointment and the SLA.
<b>4</b>	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.
<b>5</b>	The appointment for the supply and delivery of the roadblock trailer.
<b>6</b>	The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the Service Provider.
<b>7</b>	Copyright of documents prepared for the project shall be vested with the Thembisile Hani Local Municipality
<b>8</b>	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.
<b>9</b>	Service Providers will be paid in accordance with the Thembisile Hani Local Municipality Supply Chain Management Policy.
<b>10</b>	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															
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*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*