



APPOINTMENT OF A PANEL OF THREE (03) PROFESSIONAL SERVICE PROVIDERS FOR REVIEWAL OF ANNUAL FINANCIAL STATEMENTS FOR NKANGALA DISTRICT MUNICIPALITY AND REVIEWAL OF CONSOLIDATED ANNUAL FINANCIAL STATEMENTS FOR NKANGALA DISTRICT MUNICIPALITY AND NEDA, FOR THREE FINANCIAL YEARS

CONTRACT DATA

C1.2.2 Part 1: Data provided by the Employer

Clause	Data
1.	<p>The Name of the Employer is Nkangala District Municipality</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 2000 Facsimile: 013 249 2087</p>
2	<p>The Project is for appointment of a panel of three (03) professional service provider for reviewal of annual financial statements for Nkangala District Municipality and reviewal of consolidated annual financial statements for Nkangala District Municipality and NEDA, for three financial years</p>
3	<p>The Period of Performance is as per letter of appointment.</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 Service provision shall be completed as per letter of appointment.</p>
6	<p>The Service Provider shall provide the Professional indemnity Insurance for a cover of R1000 000.00 per claim</p>
7	<p>The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the Service Provider.</p>
8	<p>Copyright of document prepared for the project shall be vested with the Nkangala District Municipality</p>
9	<p>Service Providers will be paid in accordance with the Nkangala District Supply Chain Management Policy</p>
10	<p>A Service Provider may not subcontract any work not approved by the employer the Nkangala District Municipality</p>



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PART 1: DATA PROVIDED BY THE SERVICE PROVIDER

1.	<p><i>The Service Provider is</i></p> <p><i>Address:</i></p> <p><i>Telephone:</i></p> <p><i>Facsimile:</i></p>
2	<p><i>The authorised and designated representative of the Service Provider is:</i></p> <p><i>Name:</i></p> <p><i>The address for receipt of communications is:</i></p> <p><i>Telephone:</i></p> <p><i>Facsimile:</i></p> <p><i>Address:</i></p>