

CONTRACT DATA (MBD 7.2)

CONTRACT FORM - RENDERING OF SERVICES

THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SERVICE PROVIDER (PART 1) AND THE PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SERVICE PROVIDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.

PART 1 (TO BE FILLED IN BY THE SERVICE PROVIDER)

1. I hereby undertake to render services described in the attached bidding documents to (name of the institution)..... in accordance with the requirements and task directives / proposals specifications stipulated in Bid Number..... at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the Purchaser during the validity period indicated and calculated from the closing date of the bid.
2. The following documents shall be deemed to form and be read and construed as part of this agreement:
 - (i) Bidding documents, viz
 - Invitation to bid;
 - Tax clearance certificate;
 - Pricing schedule(s);
 - Filled in task directive/proposal;
 - Preference claims for Broad Based Black Economic Empowerment Status Level of Contribution in terms of the Preferential Procurement Regulations 2011;
 - Declaration of interest;
 - Declaration of Bidder's past SCM practices;
 - Certificate of Independent Bid Determination;
 - Special Conditions of Contract;
 - (ii) General Conditions of Contract; and
 - (iii) Other (specify)
3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and rate(s) quoted cover all the services specified in the bidding documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.
4. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfilment of this contract.
5. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.
6. I confirm that I am duly authorised to sign this contract.

NAME (PRINT)

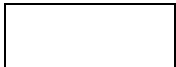
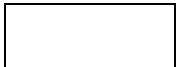
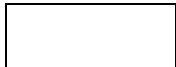
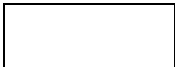
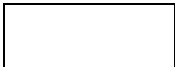
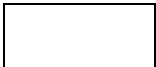
CAPACITY

SIGNATURE

NAME OF FIRM

DATE

WITNESSES	
1
2
DATE:	

					
<i>Tenderer</i>	<i>Witness 1</i>	<i>Witness 2</i>	<i>Employer</i>	<i>Witness 1</i>	<i>Witness 2</i>

CONTRACT FORM - RENDERING OF SERVICES

PART 2 (TO BE FILLED IN BY THE PURCHASER)

1. I..... in my capacity as..... accept your bid under reference numberdated.....for the rendering of services indicated hereunder and/or further specified in the annexure(s).
2. An official order indicating service delivery instructions is forthcoming.
3. I undertake to make payment for the services rendered in accordance with the terms and conditions of the contract, within 30 (thirty) days after receipt of an invoice.

<u>DESCRIPTION OF SERVICE</u>	<u>PRICE (ALL APPLICABLE TAXES INCLUDED)</u>	<u>COMPLETION DATE</u>	<u>B-BBEE STATUS LEVEL OF CONTRIBUTION</u>	<u>MINIMUM THRESHOLD FOR LOCAL PRODUCTION AND CONTENT (if applicable)</u>

4. I confirm that I am duly authorised to sign this contract.

SIGNED AT ON

NAME (PRINT)

SIGNATURE

OFFICIAL STAMP

WITNESSES

1

2

DATE:

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

DATA PROVIDED BY THE EMPLOYER

	Data
1	<p>The Name of the Employer is Dr J S Moroka Local Municipality</p> <p>The address of the Employer is: 2601/3 Bongimfundo Street SIYABUSWA 0472</p> <p>Private Bag X4012 Siyabuswa 0472</p> <p>Telephone: 013 973 1101/1390 Facsimile: 013 973 2463/0974</p>
2	<p>The Project is for Dr JS Moroka Local Municipality; PROJECT NO: JSM/MEDPRACT- 1/24-25: REQUEST FOR A PANEL OF MEDICAL PRACTITIONERS TO PROVIDE MEDICAL SURVEILLANCE SERVICES TO THE EMPLOYEES OF DR JS MOROKA LOCAL MUNICIPALITY (DrJSMLM) FOR THE DURATION OF 36 MONTHS, AS AND WHEN REQUIRED.</p>
3	<p>The project shall be for a period of 3 YEARS (36 months) with effect from the date of appointment of the Service Provider.</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 as per scope on the letter of appointment and the Tender document</p>
6	<p>This project shall be subject to a service level agreement upon appointment.</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 Dr JS Moroka Local Municipality</p>
9	<p>Settlement of dispute is to be in terms of the Supply Chain Management Policy of the Dr JS Moroka 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>

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-left: 20px;"> <thead> <tr> <th style="width: 10%;">No</th> <th style="width: 45%;">Name</th> <th style="width: 45%;">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

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Witness 1

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Witness 2

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Employer

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Witness 1

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Witness 2