CONTRACT DATA

DATA PROVIDED BY THE EMPLOYER

	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 2145
2	The Project is for Supply, Delivery and Installation of water tank and stand for municipal health services parkhome offices within Nkangala District Municipality
	Offices within tikangala district Municipality
3	The service provider shall provide the employer with a proof of registration with CIDB 1GB or higher and compensation commissioner certificate with the tender document.
	compensation commissioner continuate with the tender accument.
	The Service Provider may not release public or media statements or publish material related to the Services or
4	Project without the written approval of the Employer.
5	The Service provider shall receive a completion certificate from employer upon completion of this project
	The College From the Front of the Project
6	The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the
0	Service Provider.
	Opening that of the constant area and for the province to be the constant of t
7	Copyright of document prepared for the project shall be vested with the Nkangala District Municipality
8	Settlement of dispute is to be in terms of Supply Chain Management Policy of the Nkangala District 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.
9	A Service Provider may not subcontract any work not approved by the employer the Nkangala District Municipality

Appointment of a Service Provider for the supply and installation of Water tank and stand at Municipal Health Services Offices at Dr JS Moroka and Thembisile Hani within Nkangala District Municipality
Project No: 185480 & 185481

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: