C1.2 CONTRACT DATA

DATA PROVIDED BY THE EMPLOYER

	Data
1	The Name of the Employer is Thembisile Hani Local Municipality
	The address of the Employer is:
	Stand no. 24, Opposite Police Station
	Kwaggafontein C
	Mpumalanga
	0458
	Drivete Box V4044
	Private Bag X4041 Kwaggafontein C
	Mpumalanga
	0458
	Telephone: 013 986 9100
	Facsimile: 013 986 0995
2	The Project is for the Provision of Banking Services
3	The Period of Performance is as per letter of appointment and the SLA.
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.
	The constitution of a constitution for the character of the constitution of the consti
5	The appointment of a panel of professional service providers to provide financial advisory and debt collection services for a period of 36 months shall be completed within the specified period.
6	The client shall not be responsible for any overtime worked or overtime payments made to the personnel
-	of the Service Provider.
7	Copyright of document prepared for the project shall be vested with the Thembisile Hani Local Municipality
	Mullicipality
8	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.
9	Service Providers will be paid in accordance with the Thembisile Hani Local Municipality Supply Chain
-	Management Policy.
4.5	
10	A Service Provider may not subcontract any work not approved by the employer the Thembisile Hani Local Municipality
	Local Mullicipality

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				1		
Tenderer	Witness 1	Witness 2	Employer		Witness 1	Witness 2

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PART 1: DATA PROVIDED BY THE SERVICE PROVIDER

1.										
	The Service F	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:									
	Services are.									
	No	Name	Specific Duties							

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L					1		
	Tenderer	Witness 1	Witness 2	Fmplover		Witness 1	Witness 2