



**PROJECT NO: APPOINTMENT OF A SUITABLY QUALIFIED SERVICE PROVIDER FOR THE SUPPORT AND
MAINTENANCE OF A BIOMETRIC SYSTEM AND CCTV CAMERAS FOR NKANGALA DISTRICT
MUNICIPALITY FOR A PERIOD OF 36 MONTHS**

CONTRACT DATA

DATA PROVIDED BY THE EMPLOYER

	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 2145</p>
2	PROJECT NO: APPOINTMENT OF A SUITABLY QUALIFIED SERVICE PROVIDER FOR THE SUPPORT AND MAINTENANCE OF A BIOMETRIC SYSTEM AND CCTV CAMERAS FOR NKANGALA DISTRICT MUNICIPALITY FOR A PERIOD OF 36 MONTHS
3	The Period of Performance is as per letter of appointment
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.
5	The Service provision shall be completed as per letter of appointment
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 Nkangala District Municipality
8	Settlement of dispute is to be in terms of the 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	Service Providers will be paid in accordance with the Nkangala District Supply Chain Management Policy.
10	A Service Provider may not subcontract any work not approved by the employer the Nkangala District Municipality



**PROJECT NO: APPOINTMENT OF A SUITABLY QUALIFIED
SERVICE PROVIDER FOR SUPPLY AND DELIVERY OF OFFICE
FURNITURE AT NKANGALA DISTRICT MUNICIPALITY BUILDINGS**

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <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>The Key Persons and their jobs / functions in relation to the services are:</td> <td></td> </tr> <tr> <td></td> <td></td> <td>N be</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		The Key Persons and their jobs / functions in relation to the services are:				N be									
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Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2