

**CONTRACT DATA**

**DATA PROVIDED BY THE EMPLOYER**

	<b>Data</b>
1	<p>The Name of the Employer is <b>Thembisile Hani Local Municipality</b></p> <p>The address of the Employer is: Stand No.24 Kwaggafontein C EMPUMALANGA 0458</p> <p>Private Bag x4041 Empumalanga 0458</p> <p>Telephone: 013 986 9100 Facsimile: 013 986 0995</p>
2	The Project is for the appointment of a service provider for employee wellness assistance programme for Thembisile Hani Local Municipality
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 Service Provider shall provide insurance for the products until they are handed over to the client.
7	The client shall not be responsible for any overtime worked or overtime payments made to the personnel of the Service Provider.
8	Copyright of document prepared for the project shall be vested with the Thembisile Hani Local Municipality
9	Settlement of dispute is to be in terms of Clause 51 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.
10	Service Providers will be paid in accordance with the Thembisile Hani Local Supply Chain Management Policy.
11	A Service Provider may not subcontract any work not approved by the employer the Thembisile Hani Local Municipality
12.	This contract shall be strictly on a performance basis, should the service provider fail to perform as per the scope of works. The municipality reserves the right to terminate the contract

*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-top: 10px;"> <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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<i>Tenderer</i>	<i>Witness 1</i>	<i>Witness 2</i>	<i>Employer</i>	<i>Witness 1</i>	<i>Witness 2</i>