

C1.2 CONTRACT DATA

DATA PROVIDED BY THE EMPLOYER

| | Data |
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| 1 | <p>The Name of the Employer is Thembisile Hani Local Municipality</p> <p>The address of the Employer is: Stand no. 24, Opposite Police Station Kwaggafontein C Mpumalanga 0458</p> <p>Private Bag X4041 Kwaggafontein C Mpumalanga 0458</p> <p>Telephone: 013 986 9100 Facsimile: 013 986 0995</p> |
| 2 | The Project is for the Supply and Delivery of Office Furniture for THLM for a period of three(3) years (as and when required) |
| 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. |
| 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 |
| 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. |
| 10 | A Service Provider may not subcontract any work not approved by the employer the Thembisile Hani Local Municipality |

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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