

CLIENT / JOB CAPTURING FORM

PERSONAL DETAILS

Tech. Center:

Mr

Mrs

Miss

Ms

Dr

Other

First Name:

Last Name (Surname):

ID Number:

Nationality (if not RSA):

Passport no:

Are you disabled?

No

Yes

Type of disability:

GENDER: Male

Female

RACE: Black

White

Other

CONTACT DETAILS

Address:

Postal Code:

Telephone - Home:

Telephone - Work:

Mobile:

Other:

E-mail address:

Website:

BUSINESS DETAILS

Do you have a business:

Yes

No

Name of business:

Business Type:

Sole Prop

CC

Pty

Co-op

Registration no:

VAT:

Tax Number:

Tax Clearance:

Yes

No

Number Employees:

Female

Male

BEE

Yes

No

Annual Turnover:

Business Profile (BP):

SME

HEI / Science Councils

Large

Techno / Start-up - Entrepreneur

Other:

Description of Business / Idea

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SERVICES REQUIRED

Testing	Applied Engineering Design & Development
Analysis / Analytical Services	Research and Development
Manufacturing	Technology Demonstration / Training
Consultation / Technology Audit	Prototyping
Product & Process Development	

EXPECTATION ON PRODUCT / PROCESS

SABS Approval	Competitive
Quality Standards	Green Technology
Compliance	Ability to perform practical application after training

ENVISAGED SOCIO ECONOMIC IMPACT

Technological Innovation	Jobs Created / Secured
New Markets or Larger Markets	Productivity / Increase Turnover
Export Facilitated	

CLIENT NAME:

SIGNATURE:

DATE:

TECHNOLOGIST / ENGINEER NAME:

SIGNATURE:

DATE:

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CONFIDENTIALITY AND PUBLICATION

The Recipient undertakes to maintain the confidentiality of any Confidential Information of the Disclosing Party he/she/it may be allowed access to under this Agreement.

The Recipient shall likewise not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be specifically allowed by the Disclosing Party in writing.

The above undertakings shall not apply to:

- Confidential Information which at the time of disclosure is published or otherwise generally available to the public;
- Confidential Information which after disclosure by the Disclosing Party is published or becomes generally available to the public, otherwise than through any act or omission on the part of the Recipient;
- Confidential Information which the Recipient can show was in its possession at the time of disclosure and which was not acquired directly or indirectly from the Disclosing Party;
- Confidential Information rightfully acquired from others who did not obtain it under pledge of confidentiality to the Disclosing Party;
- Confidential Information, the publication of which the Parties subsequently agree to in writing;
- Confidential Information which the Recipient is obliged to disclose in terms of an order of court, subpoena or other legal process.

INDEMNITY

Each Party shall indemnify, hold harmless and defend at its own costs, the other Parties from and against all claims, demands, losses, damages, costs, actions, suits or other proceedings, in any manner based upon, arising out of, related to, occasioned by or attributable to, any acts or omissions of the Party in question, whether by reason of intent or negligence, in the performance of the provisions of this Agreement or any activity undertaken or purported to be undertaken under the authority or pursuant to the terms of this Agreement.

If any Party becomes aware of any claim made or asserted by a third party, it shall forthwith give written notice thereof to the others. UJ-PEETS shall be indemnified against any action brought with respect to a claim by a third party that the design or manufacture or improvements of the Products infringes any valid patent or other intellectual property rights.

Projects implemented by PEETS is subject to funding received from the Technology Innovation Agency. If funding is delayed or not received, subsidies awarded to the project can be withdrawn or deferred at any stage. This would imply that the agreed deliverables would be renegotiated, and the project will be closed out, pending availability of funds.

CLIENT NAME:

SIGNATURE:

DATE:

TECHNOLOGIST / ENGINEER NAME:

SIGNATURE:

DATE: