



TECHNOLOGY TRANSFER OFFICE

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CONTRACT FORM

PARTICULARS OF CPUT STAFF MEMBER SUBMITTING THE CONTRACT

Contract Owner(s)/ Initiator/ End User			
Faculty/Department/Unit		Tel	
Position		E-mail	

DETAILS OF EXTERNAL PARTY(IES)

Name of Organisation/ Business			
Registration Number of Business		Contact Person	
Position of Contact Person		Tel:	
Physical Address		E-mail	

DETAILS OF EXTERNAL PARTY(IES)

Name of Organisation/ Business			
Registration Number of Business		Contact Person	
Position of Contact Person		Tel:	
Physical Address		E-mail	

DETAILS OF EXTERNAL PARTY(IES)

Name of Organisation/ Business			
Registration Number of Business		Contact Person	
Position of Contact Person		Tel:	
Physical Address		E-mail	

CONTRACT CLASS

CONTRACT TYPE

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DURATION OF CONTRACT

Commencement/ Effective Date		End date/ Duration	
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BRIEF DESCRIPTION OF WHAT CONTRACT IS ABOUT

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CONTRACT FINANCIAL CONSIDERATIONS

Contract value <small>State the amount as reflected in the document to be submitted. If no amount is applicable, state N/A.</small>		
Is VAT applicable?	YES	NO
Was a copy of the budget submitted to the TTO?	YES	NO

ARE ANY INDIGENOUS BIOLOGICAL RESOURCES OR THEIR DERIVATIVES USED IN THE PROJECT?

YES NO

ARE ANY MATERIALS FALLING UNDER THE HUMAN TISSUES ACT (51 OF 1989) USED IN THE PROJECT?

YES NO

SIGNATORY	Date	Name	Signature <small>Please use a digital signature</small>
Initiator/ End user/ Contract Owner(s)			
Dean			
Technology Transfer Office (TTO)			

FOR TTO COMMENTS

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Disclaimer: The initiator/ end user/ contract owner is responsible for ensuring that all information provided in this form is true, complete and accurate. The TTO accepts no responsibility for incomplete or inaccurate information. Inaccurate or incomplete submissions may result in delays.