

DRAKENSTEIN MUNICIPALITY

APPLICATION FOR THE SUPPLY OF DIGITAL AND OTHER DATA

I hereby apply for the following data to be made available to me

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I accept that the Municipality will only consider the supply of such data subject to the following conditions:

INDEMNITY :

I indemnify Drakenstein Municipality, its employees, agents and contractor in respect of all liability for loss, damage or injury, which may be suffered by any person arising from my use of this data.

WARRANTY :

Drakenstein Municipality does not warrant that this data is free of errors, or suitable for any specific application or analysis. The onus remains on myself to ensure the data's suitability for the purpose for which it is used.

OWNERSHIP :

Drakenstein Municipality retains ownership of this data, whether in its original form or as modified by myself, and of the Intellectual Property rights contained therein.

COMMERCIAL EXPLOITATION :

I will not commercialize this data, or any product or service derived from or incorporating this data, unless I have first obtained the written consent of Drakenstein Municipality. Drakenstein Municipality may refuse its consent at its sole discretion and may grant its consent subject to any condition or conditions that it decides is warranted under the circumstances existing at that time.

COPYRIGHT

I acknowledge that Copyright exists in favour of Drakenstein Municipality in this data and its derivatives. This data may therefore not be reproduced by any means, without its prior permission. Whilst every effort is made to ensure the accuracy of this data, users noting errors and omissions are requested to notify Drakenstein Municipality, Spatial Planning GIS.

AUTHORITY

I confirm that, should I act on behalf of another, I have the necessary authority to bind such other person or entity. I bind myself as surety and co-principal debtor to Drakenstein Municipality for any obligation of such other person or entity arising from the supply of information resulting from this application.

NAME OF APPLICANT (Print):

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NAME OF PERSON SIGNING THIS APPLICATION:

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CAPACITY:

ADDRESS:.....

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COMPANY TEL NO. :

DATA TO BE USED DATA TO BE USED FOR

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SIGNATURE : **DATE:**