

**INDEMNITY FORM
FORM-02**

I, _____ (print full name), ID No. _____
in my capacity as _____ (designation) of _____
(full name of institution/company) being duly authorized hereto on behalf of the aforementioned institution with regard to
_____ (state purpose/event) with full knowledge of such
declaration, declare as follows:

1. The Company hereby indemnifies and holds Langeberg Municipality, its directors, agents and servants harmless against:
 - a. any damage to the Langeberg Municipality property, whether movable or immovable, including any consequent damage or loss directly or indirectly flowing from physical damage to such property or any act or omission on the part of the Company, its servants or agents;
 - b. liability in respect of any claims which may be lodged or instituted against the Langeberg Municipality arising out of damage to the property, whether movable or immovable, of any third parties, including any consequential damage directly or indirectly flowing from physical damage to such property;
 - c. liability in respect of the death or injury to any person, including a servant of the Langeberg Municipality and any consequential damage or loss flowing therefrom; and
 - d. any legal cost or expenses reasonably incurred in connection with claims or actions arising out of the foregoing, whenever the damage, loss, injury or death contemplated in (a), (b), or (c) above is due to or arises out of, whether directly or indirectly, the event or activities specified above.
2. In addition, the Company shall have no claims against the Langeberg Municipality in the event if it being under-insured or should their claims be repudiated.
3. It is specifically recorded that this indemnity conferred upon the Langeberg Municipality shall not extend to damage loss, injury or death which is predominantly due to the misconduct or gross negligence of the Langeberg Municipality or of any servant of the Langeberg Municipality acting within the course and scope of his or her employment.

Signed on this _____ day of _____ 20____, at _____ (place)

SIGNATURE: _____

DATE: _____

WITNESS : _____

DATE: _____