NERIAL
HOME CARE SERVICES
Creating a world of intent care

SERVICE AGREEMENT CONTRACT

Client Information:
Name: _____
Address: _____
Phone No: _____
Signature: _____

Contact Person Information:
Name: _____
Address: _____
Phone No: _____
Signature: _____

SCOPE OF SERVICES

Nerial Home Care agrees to assign a Caregiver to provide professional care at the Client's specified location. The services shall include but are not limited to:

* Meal preparation and feeding
* Bathing, personal care and grooming
* Light house keeping
* Bed side care for minor temporary illness
* Medication supervision and dispensing
* 24hrs shift
* Long term care and short term care

TERMINATION CLAUSE

Either party may terminate this agreement with a 14 days written notice.
Immediate termination may occur in cases of:

* Breach of contract terms
* Misconduct or unethical behavior
* Non-payment of agreed fees

CONFIDENTIALITY CLAUSE

The Caregiver shall maintain strict confidentiality regarding the Client's medical records, treatment, and personal information, except as required by law.

RESPONSIBILITIES OF THE CLIENT

The Client agrees to:

* Provide a conducive and safe working environment for the Caregiver.
* Respect the Caregiver's professional recommendations and work schedule.
* Ensure that all necessary supplies are available.
* Provide atleast 2 proper meal per day.

RESPONSIBILITIES OF THE SERVICE PROVIDER

The Service Provider agrees to:

* Assign a qualified Caregiver.
* Ensure the Caregiver adheres to professional ethics and best practices.
* Supervise and provide periodic performance assessments if required.

RATE

- ₦150,000 per month
- Maximum upfront payment: Three months upfront
- Payment due: On or before the 25th of each month

Start Date of Service: _____ (e.g., 24/12/2025)

ADDITIONAL TERMS

1. Rates are subject to change with 14 days' notice, based on the actual level of care and services required, as assessed by the company.
2. Relievers will be provided on Nurses days off, if applicable.
3. This agreement is bound by the terms and conditions of Nerial Home Care Services.

Agreement Acceptance

By signing below, all parties agree to the terms stated above.

Client Signature

Name: _____

Signature: _____

Date: _____

Nerial Home Care Representative

Name: .....

Signature: .....

Date: .....

Thank you for trusting Nerial Home Care Services to provide exceptional care for your needs.