Annexure 2

ELIDZ RFP –Details of previous similar work experience

- The respondent / tenderer must complete part A of this form separately for each reference submitted.
- The respondent / tenderer must forward Part B of this form for completion and signing to be completed by the referee, then bind the signed and completed Annexure 5 form with the tender submission.
- It is critical for the referee to include their signature & company stamp in the space provided for these.
- It is critical for the referee to include their contact details to enable verification of the reference. The ELIDZ will not give scores for incomplete forms.
- The referee to please provide a score (0 - for poor services received, 3 – for satisfactory services received, 5- for good services received) **PART A – To be completed by respondent / tenderer for RFP submission**

Company name of Respondent / tenderer:		
Name of client / referee:		
Location of project (private or public entity)		
Contract start date: date/month/year		
Contract end date: date/month/year		
Brief description of similar / relevant work experience.		
Details of client / referee for verification purposes:	Name:	
	Company name:	
	Contact details (Cell and Office numbers):	

Annexure 2 – Continued

ELIDZ RFP – Details of previous similar work experience

PART B – To be completed by referee

Client / Referee Name: ………………………………………………………………

Please verify that information provided by the respondent in Part A above is correct. Comment alongside if necessary:	No ☐ Yes ☐	Comments		
Please indicate and rate whether the respondent has performed the attributes/tasks listed below.	**Has the service been rendered (Yes / No)**	**Poor** **1**	**Average** **3**	**Good** **5**
Did the service provider implement their last project successfully?				
Was the project delivered in the required time frame?				
Was conformance to a project management standard adhered to?				
Was the skill competency of the team relevant and adequate to deliver on the project?				
Were all meetings schedules adhered to?				

Referee name: ....

Designation: ………………………………

Date: …………………………………………..

Tel: …………………………………………

 Cell:……………………………………..

Client / Referee signature: ....

Company Stamp: