

Annexure 2

ELIDZ RFP /AVC/2020–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 2 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, 1 – for satisfactory services received, 5 - for good services received, 10 - for excellent 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/AVC/2020 – 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:	<input style="width: 50px; height: 20px;" type="checkbox"/> No <input style="width: 50px; height: 20px;" type="checkbox"/> Yes	Comments
Please score on the attributes listed below	Score out of (0 - for poor services received, 1 – for satisfactory services received, 5 - for good services received, 10 - for excellent services received.	
ITEM	SCORE	
A. Compliance with contract terms and conditions		
B. Overall rating of service provider's performance		
A + B = Total Score		

Referee name:

Client / Referee signature:

Designation:

Date:

Tel:

Cell:.....

Company Stamp: