

## Annexure 2

### ELIDZ REF –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, 3 - for good services received, 5 - 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 REF – 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 type="checkbox"/> No <input type="checkbox"/> Yes	Comments
Please score on the attributes listed below		Score out of (0 - for poor services received, 1 – for satisfactory services received, 3 - for good services received, 5 - for excellent services received).	
ITEM	SCORE		
A. Compliance with contract terms and conditions			
B. Overall rating of service provider's performance			
<b>A + B = Total Score</b>			

Referee name: .....

Client / Referee signature: .....

Designation: .....

Date: .....

Tel: .....

Cell:.....

Company Stamp: