

## 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 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: <table border="1" data-bbox="507 589 616 674"> <tr> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> </table>	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Comments					
<input type="checkbox"/>	No									
<input type="checkbox"/>	Yes									
<b>Please indicate and rate whether the respondent has performed the attributes/tasks listed below.</b>	<b>Has the service been rendered (Yes / No)</b>	<table border="1"> <tr> <td>Poor</td> <td>Average</td> <td>Good</td> </tr> <tr> <td>1</td> <td>3</td> <td>5</td> </tr> </table>	Poor	Average	Good	1	3	5		
Poor	Average	Good								
1	3	5								
Did the service provider implement their last project successfully?										
Was the solution 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 solution?										
Were all meetings schedules adhered to?										
Were you satisfied with the technical support provided during the project?										

Referee name: .....

Client / Referee signature: .....

Designation: .....

Date: .....

Tel: .....

Cell:.....

Company Stamp:
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