

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 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, 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):	

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="598 414 710 548"> <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				
Please score on the attributes listed below	Score out of (0 - for poor services received, 3 – for satisfactory services received, 5- for good 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:
.....

Company Stamp:

Cell:.....