

Annexure 2

ELIDZ RFI –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 by the referee, then bind the signed and stamped form with the tender submission. The stamp referred to must be the company stamp of the referee. The ELIDZ will not give scores for incomplete forms.
- The referee to please provide a score (0 - for poor services received, 2 – 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 work done		
Details of client / referee for verification purposes:	Name:	
	Company name:	
	Contact details:	

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: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> No <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Yes </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Comments</div> <div style="height: 60px;"></div>
Please score and comment on the attributes listed below	Score out of ((0 - for poor services received, 2 – 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	
A + B = Total Score	

Referee name:

Client / Referee signature:

Designation:

Date:

Tel:

Referee / Client Company Stamp: