

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 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 (1 - for poor services received, 2-Below average service received- 3 – for satisfactory service received, 4- good service received 5 - for excellent services received)

PART A – To be completed by respondent / tenderer for RFP submission

| | | |
|--|------------------|--|
| Name of Respondent / tenderer: | | |
| Name of client / referee: | | |
| Sector (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: | |
| | 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: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; height: 20px;"></td> <td>No</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td>Yes</td> </tr> </table> | | | No | | Yes | Comments |
| | No | | | | | |
| | Yes | | | | | |
| Please score and comment on the attributes listed below | | Score out of ((1 - for poor services received, 2-for below average service received- 3 – for average service received,4- good service 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:

(Where a company/client stamp is unavailable, the referee must provide a written confirmation in their company letterhead to support the information provided in this form)