**Annexure 2**

**ELIDZ RFP** **/AVC/2025 – 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 |  | |
| Total number of years/ months (include months in total calculations for years, e.g., 1-year, 2months). |  | |
| Brief description of relevant work experience. |  | |
| Details of client / referee for verification purposes: | Name: |  |
| Company name: |  |
| Contact details (Cell and Office numbers): |  |

**Annexure 2 – Continued**

**ELIDZ RFP/AVC/2025 – 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: |  | | Comments |
|  | No |  |
|  | Yes |
|  | |
| 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 | |
| 1. Compliance with contract terms and conditions |  |  | |
| 1. Overall rating of service provider’s performance |  |  | |
| **A + B = Total Score** |  |  | |

Referee name: .......................................... Client / Referee signature: ........................

Designation: ………………………………

|  |
| --- |
| Company Stamp: |

Date: ………………………………………..

Tel: …………………………………………

Cell:………………………………………..