

EXPERIENCE OF TENDERER

The following is a statement of work successfully executed by myself / ourselves within the past 5 years with a minimum value of R 200,000.00:

EMPLOYER: CONTACT PERSON AND TELEPHONE NUMBER	DESCRIPTION OF WORK	VALUE OF WORK (inclusive of VAT)	COMPLETION DATE
(Client)			
(Contact Person)			
(tel.)			
(email)			
(Client)			
(Contact Person)			
(tel.)			
(email)			
(Client)			
(Contact Person)			
(tel.)			
(email)			
(Client)			
(Contact Person)			
(tel.)			
(email)			

A separate schedule, clearly referenced, may be inserted here.

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SIGNATURE: DATE:
 (of person authorised to sign on behalf of the Tenderer)

EXPERIENCE OF TENDERER (Cont.)

The following is a statement of work of successfully executed by myself / ourselves within the past 5 years with a minimum value of R 200,000.00:

EMPLOYER: CONTACT PERSON AND TELEPHONE NUMBER	DESCRIPTION OF WORK	VALUE OF WORK (inclusive of VAT)	COMPLETION DATE
(Client)			
(Contact Person)			
(tel.)			
(email)			
(Client)			
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SIGNATURE: DATE:
 (of person authorised to sign on behalf of the Tenderer)

ASSESSMENT OF BIDDER

ASSESSMENT OF BIDDER'S PERFORMANCE BY INDEPENDENT REFERENCE
 (This must be sent by the bidder to the references listed in the Experience of Tenderer schedule. All assessment forms must be attached with the tender submission.)

Name of Bidder	
Contract/Tender Number (if applicable)	
Value of Contract	R
Date of Commencement	
Contract Duration	
Contract Completion Date	

Your assessment of the Contractor's performance in the following areas:	1	2	3	4	5
Please tick one of the blocks on the right hand side. 1 = Poor; 5 = Excellent					
Turn-around times					
Quality of feedback					
Accessibility and availability					
Reliability					
Customer satisfaction					
1 = Poor; 2 = Unsatisfactory; 3 = Average; 4 = Good; 5 = Excellent					

COMMENTS:

Name of Person Completing this Assessment Form	
Representing Firm	
Telephone Number	
Email Address	
Date of Assessment	

OFFICIAL COMPANY STAMP AND SIGNATURE OF OFFICIAL RESPONSIBLE FOR COMPLETING THE ASSESSMENT FORM	
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