

**EXPERIENCE OF TENDERER**

The following is a statement of work of a **similar nature** 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 a **similar nature** (E.g. INSERT WORKS REQUIRED) 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. **TENDERERS MUST** submit the following Assessment of Bidder's performance schedule to the references listed in the above table. Completed Assessment forms must be attached with the tender submission by closing date. Failure to do so may render any submission as being non-responsive.

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.)

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

<b>Your assessment of the Contractor's performance in the following areas:</b>	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					
<b>1 = Poor; 2 = Unsatisfactory; 3 = Average; 4 = Good; 5 = Excellent</b>					

<b>COMMENTS:</b>

<b>Name of Person Completing this Assessment Form</b>	
<b>Representing Firm</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Date of Assessment</b>	

<b>OFFICIAL COMPANY STAMP/ SIGNATURE OF OFFICIAL RESPONSIBLE FOR COMPLETING THE ASSESSMENT FORM</b>	
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