**APPOINTMENT OF A SERVICE PROVIDER FOR COMPREHENSIVE FACILITIES MANAGEMENT SERVICES AT THE DPP BLOEMFONTEIN FOR A PERIOD OF THREE (3) YEARS.**

*This returnable document must be completed by a previous or existing client to which your entity rendered similar services as outlined in this tender document.*

**To be completed by referee**

Referee Legal Name:

Address of the Referee:

Company Registration Number:

If on Central Supplier Database: Provide MAAA number

Tel No of the Referee:

E-mail address of the Referee:

Client/Referee Contact Person:

Bid description of the previous or current project:

Kindly list and rate all the services rendered in relation to facilities management.

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **RATING** | |
| **SERVICES RENDERED / WORK CATEGORY** | **SATISFACTORY** | **NON-SATISFACTORY** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| Other |  |  |

Value of the contract: **R…………………………………………….**

|  |  |
| --- | --- |
| **Duration of the contract** | |
| **Start Date** | **End Date** |
|  |  |

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| --- |
| **Comments:** |
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**………………………………**

**Signature of the Referee**

**Date………………………..**