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|-----------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|----------------|-----|---|
|  | <b>Reverse E-auction Training Acknowledgement Form</b> | Document Identifier | 240-165453991  | Rev | 1 |
|                                                                                   |                                                        | Effective Date      | 25 August 2021 |     |   |
|                                                                                   |                                                        | Review Date         | August 2024    |     |   |

ANNEXURE NO.: \_\_\_\_\_

**ACKNOWLEDGEMENT FORM – REVERSE E-AUCTIONING TRAINING**

Enquiry no: [.....]

Business name/JV: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel (landline): \_\_\_\_\_

Cellphone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Acknowledgment: [Select and complete in full applicable paragraph below]**

I \_\_\_\_\_ (Tenderer's Name) acknowledge that I have attended Reverse E-auction training presented during the clarification meeting held on \_\_\_day of \_\_\_\_\_20\_\_ at \_\_\_\_\_. I am satisfied with training provided and I can confirm that I will be able to operate the Reverse e-auction system should I be eligible for Price and Preference point system evaluation.

**OR**

I \_\_\_\_\_ (Tenderer's Name) acknowledge that I have undergone self-training of the uploaded Reverse e-auction video and did not have to attend clarification meeting for me to understand. I am satisfied with my self-training and confirm that I will be able to operate the Reverse e-auction system should I be eligible for Price and Preference point system evaluation.

***This document is a Mandatory returnable prior to reverse e-auction participation. Failure to FULLY complete the form and submit it to Eskom within prescribe period will render the Tenderer non-responsive and will be disqualified from the Procurement Process.***

Authorized Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**Public**

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