

RECORD OF PREVIOUS WORK EXPERIENCE

The Bidder shall provide details of **completed** works (similar to the work set out in this RFQ). Individuals listed as references must be contactable and willing to provide information relating to the performance of the Bidder. In order to verify the quality of workmanship, an inspection of the works may also be undertaken should Rand Water deem it necessary.

1	Description of Works	
	Project Title :	
	Detailed scope of work in the project:	
	Client :	
	Contract No. :	
	Contract Value (excl. VAT) :	
	Award Date :	
	Contact Details of Reference at Client Company	
	Name :	
	Position Held :	
	Tel :	Cell :
	Fax :	email :

2	Description of Works	
	Project Title :	
	Detailed scope of work in the project:	
	Client :	
	Contract No. :	

	Contract Value (excl. VAT) :	
	Award Date :	
	Contact Details of Reference at Client Company	
	Name :	
	Position Held :	
	Tel :	Cell :
	Fax :	email :

3	Description of Works	
	Project Title :	
	Detailed scope of work in the project:	
	Client :	
	Contract No. :	
	Contract Value (excl. VAT) :	
	Award Date :	
	Contact Details of Reference at Client Company	
	Name :	
	Position Held :	
	Tel :	Cell :
	Fax :	email :

Name of Supplier: _____

Signed by or on behalf of Supplier: _____ Date: _____



This document shall be used for bidding purposes of Rand Water.

HUMAN RESOURCES CAPACITY

Human Resource Capacity will be viewed to establish an overall picture of the Bidder's capacity and ability to undertake the work specified in this document.

Company Organogram

The Bidder shall detail in the block below their company organogram and the human resources dedicated to this contract must be clearly indicated.

Name of Supplier: _____

Signed by or on behalf of Supplier: _____ Date: _____



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EQUIPMENT RESOURCE CAPACITY

The following are lists of major items of relevant equipment that are presently owned / leased / hired or planned to be purchased / leased / hired and will be available for this contract if the tender is accepted:

QUANTITY	EQUIPMENT DESCRIPTION (INCLUDING CAPACITY/SIZE)	CURRENTLY OWNED/ CURRENTLY LEASED OR HIRED/ PLAN TO PURCHASE/ PLAN TO LEASE OR HIRE

Name of Supplier: _____

Signed by or on behalf of Supplier: _____ Date: _____



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PROJECT PROGRAMME

The total duration of the work is: (tick applicable option)	<input type="checkbox"/> Once off	<input type="checkbox"/> Short/Medium Term
	Expected delivery date: _____	_____ days _____ months

TASK NO	TASK NAME	DURATION (number of days)	START DATE	FINISH DATE	RESOURCES	COMMENTS

Name of Supplier: _____

Signed by or on behalf of Supplier: _____ Date: _____