

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: _____

EQUIPMENT RESOURCE CAPACITY (PLANT AND EQUIPMENT)

The following are lists of items of relevant equipment that are presently owned / leased/ hire (vehicle/s, means of delivering goods) and will be available for this contract if the bid is accepted:

Qty	Equipment Description (including capacity/size etc)	Currently Own / Currently Lease or Hire	% Utilisation	
			On other Contracts / Work	On this Contract/ Work

I, the Bidder, guarantee that all the above listed equipment resource is readily available and/or will be provided when required on the works.

Name of Bidder:

Signed by or on
behalf of Bidder:

Official
Capacity:

Date:

PROJECT PROGRAMME/DELIVERY TIME

The total duration of the work is: (tick applicable option)	☐ Once off Expected delivery date: _____	☐ Short/Medium Term _____ 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: _____