

CLIENT REFERENCES VERIFICATION FORM

This document serves as a reference verification (as per the submitted list of references) for confirming the service that was provided and a service satisfaction survey for CSIR tender number RFP No.for **“The provision of building construction services to modernize the existing facility by integrating Koeberg Hall and De Beers Hall for the CSIR TSO in Stellenbosch for a period of one (1) year and an additional one (1) year for maintenance, post construction?”**

Section A: REFERENCE COMPANY THAT RECEIVED THE SERVICE:

Company Name:
 Company Address:
 Service/Contract Period: Start date: End date:
 Company Representative Name:
 Representative Designation:
 Representative Contact Number:
 Representative Email Address:.....

Section B: DETAILED SCOPE OF WORK

Please indicate with a tick if the Scope of Work that was completed by the service provider

Scope of work	Completed	Not Completed
General building, Civil, and structural works – availability and attendance during the latent defects period		
Supply, installation, commissioning and contractual maintenance of mechanical works (HVAC, Lift, Fire)		
Supply, installation, commissioning and contractual maintenance of electrical works - availability and attendance during the latent defects period		
Supply, installation, commissioning and contractual maintenance of electronic works - availability and attendance during the latent defects period		

Comments:

Site inspections – Are you willing to allow the CSIR access to inspect the installation

completed by this service provider?

Yes

☐

No

☐

SECTION C: SURVEY ON SERVICE LEVELS

Please tick only ONE option.

Criteria	Excellent	Good	Average	Below Average
Cost Management and the delivery of project within budget				
Timeous compilation of final accounts/ as built				
Timeous co-operation during the contract				
Quality of service				
Quality of reports				
Performance of resources				
Technical experience of resources				
Management of safety (Occupational Health and Safety)				
Please provide additional comments that will assist the evaluation of this Bidder.				

Risks Analysis	Yes	No	Description
Who was the Professional Consultant on the project			
Who was the Principal Agent on the project			
Who was the main contractor on the project			
Please share a copy of the tender document that was published for this work. Alternatively, please share the tender number for this work.			

Name and Surname _____

Designation _____

Signature _____

Date _____