

CLIENT'S REFERRAL FORM

The Bidder shall provide a minimum of three (3) client references for similar services performed of a similar size and complexity within the last five (5) years.

RE: _____
(Consultant)

Referee Name _____

Please rate the quality of service offered by the Consultant by circling the relevant score for the quality criteria

	Excellent = 5	Good = 3	Satisfactory = 1	Unsatisfactory = 0
A. Administration – the extent of the consultant’s responsiveness, timeliness, communication and reporting during the contract	5	3	1	0
B. Execution – the extent to which the consultant was able to manage and control the progress of the contract/works	5	3	1	0
C. Staffing – the extent to which the consultant retained and made available equally knowledgeable and skilled key experts for the duration of the contract.	5	3	1	0
D. Cost Control – the extent to which the contract was executed within the agreed upon price	5	3	1	0

Do you currently have a contract with this Consultant? Yes____ No____

If yes, period worked to date _____

If No, please indicate the period during which you were provided services by the Consultant in the past

Please give general comments on the Consultant’s performance during your contract with them in the space provided. (*Please attach additional sheet if space is inadequate*).

Comments:

Title____ Name_____ Signature_____
(Company/Firm/Director) (affix seal here)

Contact Numbers_____

N.B. Please affix company seal/stamp. The completed form should be returned via with the Bidder’s proposal

