Head Office

Lepelle House, 1 Landdros Mare, Private Bag x9522, Polokwane, 0699
Tel: (015) 295 1800, Fax: (015) 295 1931
Website: www.lepellewater.com, Email: information@lepelle.co.za



DECLARATION FOR PROJECT REFERENCE FORM

Project Name:								
Project Number:								
Project amount:								
Name of Service Provider								
Name of Organisation/Employer:								
Start Date: Completion Date:								
Project Description/Brief:								
Clients Details:								
Department	Name and	Position	Cellphone	Telephone	Email	Unit		
	surname		number					
User dept								

SCM official

Consultant

Head Office

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Note: The above table must be fully completed and where there is no consultant, indicate as not applicable. The contact details to be provided in the above table must not be more that 6 months old from date of the closing of the tender/RFQ. Each reference letter must be accompanied by the declaration of project reference form. Failure to complete this declaration will result in reference letters not being considered and will be allocated zero points.

Certification:	
I, the undersigned, certify that, to the best of my knowledge reflection of our company experience. The information prov	·
Name and Signature of service provider/bidder	Date

NB: It remains the bidder's responsibility to provide traceable, updated contact details of previous all employers or clients where company experience points are to be scored. LNW may allocate score zero points to any service providers/bidder whom LNW has failed to receive confirmation of verification from their references provided on the above table within 10 working days. Bidders are to provide accurate contact details (both telephone and email address) of traceable projects with the clients. LNW reserves the right to extend the 10 working days where necessary on discretion. The information provided will be subjected to verification and vetting.