



MATATIELE

LOCAL MUNICIPALITY

PAST EXPERIENCE

Service Providers must furnish hereunder details of similar projects/service, which they have satisfactorily completed in the past.

EMPLOYER	DATE OF APPOINTMENT	NATURE OF WORK	VALUE OF WORK	DURATION AND COMPLETION DATE	EMPLOYER CONTACT NO.

NAME OF THE SUPPLIER:			
NAME (PRINT):		SIGNATURE:	
CAPACITY:		DATE:	

COMPANY STAMP
