**ANNEX-II – Suppliers Work Experiences Summery Sheet**

1. **Similar Experience [Total of 50 Marks]:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name of Project / Type of work/Service/goods** | **Total Value of the Performed Works/Goods/ Service (.....)** | **Client Contact Details (Company Name, Point of Contact Name, Phone, email address and title)** | **Starting date** | **Ending date** | **Contracting Authority and Place** | **Prime or Secondary Contractor?** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |

**First Contract:**

* Client Name:
* Contact Name:
* Contact Mail Address:
* Contact Phone #:
* Contract Period:
* Contract total Value:
* Contract status:
* Primary or Secondary Contractor status:

**Second Contract:**

* Client Name:
* Contact Name:
* Contact Mail Address:
* Contact Phone #:
* Contract Period:
* Contract total Value:
* Contract status Completed:
* Primary or Secondary Contractor status:

I, the undersigned, hereby confirm and warrant that the information provided in this form is accurate and correct to the best of my knowledge.

**Suppliers Authorized Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature/Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**