**ANNEXURE C: CUSTOMER REFERENCE**

This document serves as a reference referral and service satisfaction survey for Auctioneering services rendered by (name of bidding entity hereinafter referred to as “the Service Provider”)………………………………………………………..

**Section A**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

Company Name:

…………………...…………………………………………………………………………………………………………………….....

Representative’s Name: ……………………………………………………………………………..……………………………………………………………..

Representative’s Designation (Appointed at Management Level): ………………………………………………………………………………….…………………………………………………………

Representative’s Contact Number (Landline and Cellphone): ………………………………………………………………………………………….…………………………………………………

Representative’s Email Address: …………………………………………………………………………………………………………………………………………….

Description of the auction and services performed: …………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………….…

Duration of the auction:

Start date: ………………………………………………… End date…………………………………………………………………

Payment of proceeds of the auction done within the agreed timeframe (tick next to applicable answer):

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Section B**

**SURVEY ON SERVICE PROVIDER’S PERFORMANCE:**

Reference company is requested to rate their experience of the Service Provider’s delivery of Auctioneering services.

Please tick only **ONE** option.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Rating** | |
| Quality of service provided | Good |  |
| Fair |  |
| Poor |  |

**Section C**

Reference provided in respect of the following type of auction (tick next to applicable answer):

|  |  |  |  |
| --- | --- | --- | --- |
| **Onsite** |  | **Online** |  |

Please tick only **ONE** option.

Representative’s Full Signature:

………………………………………………………………………

Date:

………….…………………………………………………………..

Reference Company’s Stamp:

………….…………………………………………………………..