|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplier Name (Client)** |  | | | |
| **Name and Designation of Referee** |  | | | |
| **Location of Client (City)** |  | | | |
| **Telephone No / Contact Number** |  | | | |
| **Email Address** |  | | | |
| **Date of Reference** |  | | | |
| **Date or period service was provided** |  | | | |
| **Service Offering** (please tick the relevant box/s to indicate the service provided by the Supplier) | | | | |
|  | an In-house photography lab processing facility: ☐ | | | |
| retain photography media for the full duration of the contract: ☐ | | | |
| evidence of current on-site Payment Facility via debit and credit card and have EFT facility: ☐ | | | |
| a website and provide a URL as evidence: ☐ | | | |
| online ordering facility in place ☐ | | | |
| POPI compliant ☐ | | | |
| provide a contingency plan for equipment failure ☐ | | | |
| Other | | | |
| **Brief description of the service provided** |  | | | |
| **Time period when service was provided** |  | | | |
| **Estimated value of the service provided** |  | | | |
| **Criteria** | **Needs Improvement** | **Meets Requirements** | **Exceeds Requirements** | **Exceeds Requirements and Adds Value** |
| **1. Are you satisfied with the level of service and professionalism received from the supplier?** |  |  |  |  |
| **2. Did the supplier meet your requirements in terms of the graduation photography services (if applicable)?** |  |  |  |  |
| **3. Did they meet your turnaround time for graduation photography services (deliver within agreed timelines)?** |  |  |  |  |
| **4. Did they complete the project within the agreed budget?** |  |  |  |  |
| **Criteria** | **Yes** | **No** | **Comments** | |
| **5. Would you recommend the supplier for the services indicated above?** |  |  |  | |
| **6. Do you currently use this supplier? If not, please provide reasons in the comments area** |  |  |  | |
| **General Comments** | | | | |