**ANNEXURE C: CLIENT TESTIMONIAL**   
  
This document serves as a reference referral and service satisfaction survey for Business Continuity Management services rendered by (name of bidding entity hereinafter referred to as “the Service Provider”)………………………………  
  
**Section A**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**   
Company Name: …………………………………………………………………………………………………………………….....  
Company Address: ………………………………………………………………………………………………………………….....  
Industry / Sector: …………………………………………………………………………………………………………………........

|  |  |
| --- | --- |
| Annual turnover |  |
| Number of employees |  |
| Number of offices/branches |  |

Company size:

Turnaround time of assignment (from briefing meeting to acceptance of the offer):

Start date: ………………………………………………… End date…………………………………………………………………  
Company Representative Name: ……………………………………………………………………………..……………………………………………………………..  
Representative’s Designation: ………………………………………………………………………………….…………………………………………………………  
Representative’s Contact Number: ………………………………………………………………………………………….…………………………………………………  
Representative’s Email Address: …………………………………………………………………………………………………………………………………………….  
Brief description of services rendered: …………………………………………………………………………………………………………………………………………….  
………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………….

**Section B**

**SURVEY ON SERVICE PROVIDER’S PERFORMANCE:**  
Reference company is requested to give a short comment on their experience of the Service Provider’s delivery of Business Continuity Management services.

Please tick only **ONE** option in each section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **Comment** | **Rating** | |
| 1. | Quality of service rendered |  | Good |  |
| Average |  |
| Poor |  |
| 2. | Performance (BCM plan – Testing and Evaluation) |  | Good |  |
| Average |  |
| Poor |  |