**ANNEXURE C2: CLIENT TESTIMONIAL**   
  
This document serves as a reference referral and service satisfaction survey for Professional Services rendered related to Information Security Management System with specific reference to compliance with Privacy legislation 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: …………………………………………………………………………………………………………………........

|  |  |
| --- | --- |
| 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.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **Comment** | **Rating** | |
| 1. | Quality of service rendered |  | Good |  |
| Average |  |
| Poor |  |
| 2. | Compliance indicator in terms of the services received. |  | Good |  |
| Average |  |
| Poor |  |