



**DEPARTMENT: SUPPLY CHAIN
MANAGEMENT**

Sedibeng District Municipality
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Please provide at least 3 references

1. Name:.....
Company:.....
Position Held:.....
Contact Number (s) work.....
Mobile.....
2. Name:.....
Company:.....
Position Held:.....
Contact Number (s) work.....
Mobile.....
3. Name:.....
Company:.....
Position Held:.....
Contact Number (s) work.....
Mobile.....
4. Name:.....
Company:.....
Position Held:.....
Contact Number (s) work.....
Mobile.....
5. Name:.....
Company:.....
Position Held:.....
Contact Number (s) work.....
Mobile.....

Please note that this is compulsory