

Annexure J: Shortlisting Questionnaire

Very Important: In the event of the company being a subsidiary of another agency, the information provided in this shortlisting questionnaire e.g. number of staff, list of clients, billings, etc. must pertain to the subsidiary that is pitching for the business and not to the main company. If you have formed an association (Joint Venture, Partnership or Consortium) for this tender you must complete a questionnaire for each of the association partners as well as the additional Association Questionnaire (Annexure C)

General Information

1	Legal name		8	VAT number	
2	Trading name		9	Inception date	
3	Registration no.		10	Billings (inclusive of media billings) (past 12 months) If you are not permitted to disclose this information please provide a range e.g. R1m-R20m. Keep the range within R10m. DO NOT leave this blank.	
4	Postal address		11	Contact person	
5	Physical address		12	Designation	
6	Web address		13	Mobile number	
7	Telephone (B)		14	E-Mail address	

15	Provide a brief overview of your agency (history, services, key strengths/competencies, achievements, clients, etc.) (also attached company profile)

Company Profile

16	Is your company experienced in providing <u>Language editing services</u>, if yes for how many years have you provided this service? Indicate the clients you provided the service to and their contact details	YES	NO	Number of years' experience: 15 years
17	Is your company experienced in providing <u>Translation services</u>, if yes for how many years have you provided this service? Indicate the clients you provided the service to and their contact details	YES	NO	Number of years' experience:
18	Is your company experienced in providing <u>Sign language interpreting services</u>, if yes for how many years have you provided this service? Indicate the clients you provided the service to and their contact details	YES	NO	Number of years' experience:
19	Is your company experienced in providing <u>Transcription services</u>, if yes for how many years have you provided this service? Indicate the clients you provided the service to and their contact details	YES	NO	Number of years' experience:



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In relation to the preceding questions please provide a list of clients for whom the above services were provided. The name and contact information of a representative at each client is essential for verification. Points will only be allocated if a client can be contacted (Add more rows if required)

Client name	Contact details (Cell number and email address)	Services provided			
		Editing	Translation	Sign Language Interpretation	Transcription



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Resources

21	At times Eskom may require urgent editing, translation or other services, Indicate the availability of employees to provide afterhours services. (Mark with an X)	available 24 hours, weekends and public holidays	available after hours during the week no weekends or holidays	after hours services not available
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22	Indicate the number of full-time and part-time employees in your staff compliment.	Full-Time:	Part-Time:
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23	Eskom requires a seasoned senior resource that has an in-depth understanding of corporate language services		
	Name of resource who will oversee work done on the account?	Number of years' experience working on language services? (Attached CV)	

24	Please list qualifications and experience of your top 5 editors (permanent or freelance) by highest industry related qualification		
	Editor's Name and surname	Highest industry related qualification	Number of years of experience in language services



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Services

25 Eskom requires translation in all official South African languages. Indicate with an X the languages your company has experience translating. Please include reference letter(s) confirming you have experience translating all South African languages. You will not score points for languages not supported by a reference letter

Translation languages										
English	Afrikaans	Ndebele	Northern Sotho	Sotho	SiSwati	Tsonga	Tswana	Venda	Xhosa	Zulu

26 Eskom requires translation in three main foreign languages, indicate with an X the foreign languages your company has experience translating.

Client name	Foreign languages		
	French	Portuguese	Mandarin



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I hereby declare that all the information provided in this shortlisting questionnaire is correct at the time of submission.

Name & Designation:

Signature: