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Clie	nt company name	GEZE SA									Date of CSI	21	108/20	
Clie	nt rep name	JOSHUA SAMBO										-		
CSI completed by (name)		ANDILE THANGELANE						Des	Designation OPERATIONS MANAGER			GEŔ		
Clie	nt signature		12	2										
	tshoko Rep. name	MICHOLAS XHONGO						Des	Designation CHIEF EXECUTIVE OFFICER			FICER		
*M1	tshoko Rep. based	On-site Off-site						Signature						
									Ionthly A Other – specify:					
	quently of CSI							TO PARTY OF THE PA						
Client Payroll Frequency Weekly Fortnightly Monthly Other – specify:														
CSIN	MEASUREMENT AREAS		N/A 1	2	3 4	. 5	6	7 8	١ ا	Wher	Comments: 1) What re can we improve? ow can we improve (i			
1	*Accuracy *Timeously delivery *Ease of use & or user - friendly							X		B				
2	PPE *Issued as per your signed Costing *Neatness and appearance	g							X	11			8	
3	Placement of *Assignee(s) *Per SLA *Quality of *Assgnees placed								X					
4	Replacement of Absent*Assig *Per SLA *Quality of*Assignee(s)placed	nee(s)							1	UE ES	SSUE APPL	AD.	AN	
5	Management of Labour Relat *IR(i.e.disciplining amongst other *CCMA Case handling & outcome	s)	X							N	OT APPL	ICAR	316	
6	Management of Queries *Timeously (Action and feedback *Professionally								X					
7	Visibility and or availability or Management *For meeting, visit, amongst other *Contact via cell, landline or emails	ers							X	9	X			
8	Monthly Site Reports *Impact Dashboard(if applicable)									06	JRRENT	CIEV	GOBY AGMEN	
9	*Other info,requirements,etc. OVERALL PERFORMANCE ON	SITE		_										
		Previo		2	3 4	5	6	7 8	9					
Fina	I-Overall Comments: NO FUARDS ON S	ITE				cu	RR	EN	7	P	ctual Rating Points otential Rating Points SI% Achieved			
	The state of the s	FOR M	tshoko of	FICE ON	NLY .									
Cc	Corrective Action (if and where applicable)								To be actioned by Completed by (date)					