



ANNEX 2: TABLE OF EXPERIENCE

Please note that the customers should be private or public sector companies.

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| Name of Provider | |
| Customer #1: | |
| Customer's contact person (name, telephone, e-mail): | |
| Training or certification period: | |
| City and country where the services were rendered: | |
| Description of the training or certification: | |
| Number of people trained and/or certified: | |

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|--|--|
| Name of Provider | |
| Customer #2: | |
| Customer's contact person (name, telephone, e-mail): | |
| Training or certification period | |
| City and country where the services were rendered: | |
| Description of the training or certification: | |
| Number of people trained and/or certified: | |

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|--|--|
| Name of Provider | |
| Customer #3: | |
| Customer's contact person (name, telephone, e-mail): | |
| Training or certification period: | |
| City and country where the services were rendered: | |
| Description of the training or certification: | |



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|--|--|
| Number of people trained and/or certified: | |
|--|--|

(Include at least 3 customers)

CINDE and MICITT reserve the right to contact the customers to corroborate the references.