



DATE : _____

This will be a tool to improve more of our services. Kindly check the box on your response. It will be dealt with confidentiality.

Type of transaction: _____

CRITERIA					
	Very Satisfied (5)	Satisfied (4)	Neutral (3)	Dissatisfied (2)	Very Dissatisfied (1)
DELIVERY OF SERVICE <i>Our services are delivered promptly.</i>					
QUALITY <i>Our services are consistent with your requirements.</i>					
EFFICIENCY OF PROCESS <i>Our procedure is efficient, clear, concise & understandable.</i>					
ATTENDING STAFF <i>Our staff is adequate, prompt and courteous in handling your inquiries/requirements.</i>					
OVER-ALL SATISFACTION					

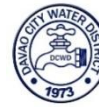
Other Comments / Suggestions: _____

CUSTOMER'S DETAILS (optional)

Name: _____ Age: _____ Male Female

Address: _____ Contact No: _____

*Respondent Number



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