

CUSTOMER NAME.....

A/C #.....

Date:

CUSTOMER SATISFACTION QUESTIONNAIRE

Please indicate how you rate The *Credit Financier* Sal (between 1 to 5) against each question:

- 1 - Very Poor/Not at all satisfied 2 - Poor/Below Average/Not satisfied
- 3 - Average/Somewhat satisfied 4 - Good/Satisfied 5 - Very Good/Highly satisfied.

		Rating
1	Satisfaction level with respect to the Technical and Administrative knowledge of The C.Fs team.	
2	Co-operation extended by personnel in addressing the issues.	
3	Satisfaction level with respect to Safety	
4	Satisfaction level with respect to Quality	
5	How do you rate the completeness of our services with regard to technical contents?	
6	Are you satisfied with regard to interest rates and services?	
7	Cooperation and support by the Credit Financier	
8	Technical support/guidance from The C.F side	
9	OVERALL SATISFACTION LEVEL IN DEALING WITH The Credit Financier	

NOTES

POSITIVE

NEGATIVE

Customer's Signature.....

Section reserved for Management only

Corrective action to take by the person in charge:

Actions to take by the Management for the above complaints (if any):

Approved:
General Manager

Risk Department