



CLIENT FEEDBACK FORM

Client name: _____

Client Account code: _____

Branch: _____

1. Your experience of communication between yourself and Shajar Capital:

Excellent Good Average Poor

Comments (if any) _____

2. Your visit to our office premises:

Always Frequently Occasionally Rarely

Comments (if any) _____

3. Efficiency of our services in line with your requirement? (If 'No', please give reasons and recommendations.)

Yes No

Reasons & Recommendations: _____

4. Your experience regarding quality of our services?

Excellent Good Average Poor

Comments (if any) _____



5. Your opinion of the Risk management function at Shajar Capital?

Effective Not effective No comments

Comments (if any) _____

6. How would you rate the attitude of our dealers?

Excellent Good Average Poor

Comments (if any) _____

7. How would you rate the technical knowledge of our staff?

Excellent Good Average Poor

Comments (if any) _____

8. How would you rate our responsiveness on your complaints communicated to us?

High Partially satisfied Dissatisfied

Comments: _____

9. How would you rate our research?

Excellent Good Average Poor

Comments (if any) _____

10. Any service(s) which we do not provide but you consider it will be helpful for you?

11. Your suggestions regarding further improvement in the quality of our services

