SANHA Halal Associates Pakistan (Pvt.) Limited Customer Feedback Form



				Date:				
Cor	mpany Name:		E-mail Address:		_			
Name:			Phone Number:					
Designation:			Fax Number:					
Dea	ar Customer,							
		the key to our success. In this ppropriate answer and send th			o us improve our			
1.	How do you feel about the response and behavior of our Commercial Team?							
	Excellent Go If your answer is "Need Impr	ood Satisfa ovement" then please mention th	actory New e specífic area where you th	ed Improvement nink we need improvemen	t			
2.	How do you feel about the response and behavior of our Technical Team?							
	Excellent Go If your answer is "Need Impr	ood Satisfa ovement" then please mention th	actory New e specífic area where you th	ed Improvement nínk we need improvement	ŧ			
3.	How do you feel about the response you obtain for your inquiries and complaints?							
	Excellent Go If your answer is "Need Impr	ood Satisf ovement" then please mention th		ed Improvement nínk we need improvement	t			
4.	To what extent do you think you got the improvement in your system through our services?							
	Excellent Go	ood [] Satisfa ovement" then please mention th	actory Nec e specífic area where you th	ed Improvement nínk we need improvement	ŧ			
5. I	ow do you rate the overall quality of our services?							
	Excellent G If your answer is "Need Impr	ood Satisfa ovement" then please mention th	actory Nec e specífic area where you th	ed Improvement nínk we need improvement	t			
6. I	low do you feel about our team's competence?							
	☐ Excellent ☐ Go	ood [] Satisfa	actory Ne	ed Improvement				
	If your answer is "Need Improvement" then please mention the specific area where you think we need improvement							
	Suggestions for Improvement / Comments							
	Designation: Date:							
	Name: Signature:							
Do 05	oc. #: SANHA/PR-07/FM	- Issue Date: 14-May-2015	Revision No: Original	Review. Date: 13-May-2018	Page: 1 of 2			

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Please send it to SANHA Pakistan's Head Office:

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