

CUSTOMER SATISFACTION QUESTIONNAIRE

client details				
Client Name				
Client I.D.				
Advisor				
Please tick the most appropriate box				
	Excellent	Good	Satisfactory	Poor
Do you feel that the advisor understood your financial requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the adviser explain how the product worked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that your affairs were reviewed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you found all the staff to be knowledgeable and helpful in your business dealings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the service provided thus far been well defined and have things happened when you expected them to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful did you find the sales support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL INFORMATION				
Any Comments:				
If you feel that we can assist any family or friends with our services, please feel free to complete their details below:				

