



**EWT TRANSFORMER SDN BHD
DISTRIBUTION TRANSFORMER
CUSTOMER FEEDBACK FORM (SERVICING)
CFFS NO. : _____**

Customer : _____
Address : _____

Tel. No. : _____
Fax No. : _____

Date of servicing : _____
Rating (kVA) : _____
Quantity : _____

EWT believes that through customer feedback, the quality of our service works would definitely be improved. With your kind assistance, we would like you to fill in the following questionnaires :-

1.0 SERVICING PERFORMANCE.

Please tick inside the box;

1.1 Respond to inquiry

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Quality of service work

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.3 Job completed on time

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.4 Personnel attributes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.5 Based on you recent purchase and/or services works rendered by EWT, how likely are you to recommend EWT's products and services to other company.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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* Level of importance

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2.0 POST WARRANTY

(Condition of units at site during 6 months completion of works)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluated by : _____ Date : _____

* Please tick the rating number as below :-

- 5 - Excellent
- 4 - Good
- 3 - Satisfactory
- 2 - Approaching Satisfactory
- 1 - Unacceptable

- 3 - Very important
- 2 - Average
- 1 - Not important

Thank you for your assistance,

Compiled by : _____ Date : _____
After Sales Service Dept