

Company Name:			
Consumer Name:			
Date of Birth:		Gender:	
Email Address:			
Contact Number:		Control Number: (Available at the upper right corner of your report)	
Identity Proof Number: (PAN/ Passport/ Drivers License/ Voters ID)			
Address:			
City:		Pincode:	

Are you visiting TransUnion CIBIL for the first time for this query: ☐ Yes / ☐ No

Here, we request you to give your candid feedback to improve our services.

1. What was the waiting period before our customer care representative attended to you?  

☐ Less than 5 minutes

☐ 5-10 minutes

☐ More than 10 minutes
2. Did our customer service representative respond all your queries to your satisfaction?  

☐ Yes

☐ No

☐ Partial

Please specify your remarks for No/Partial:

3. How will you rate our services overall?  

☐ Good

☐ Satisfactory

☐ Needs Improvement

Please provide any additional comments or suggestions:

We thank you for your time & your valuable feedback

Date:		Time:		Consumer Signature:	
-------	--	-------	--	---------------------	--

FOR OFFICE USE

Attended By:		Date:	
Request Number:			
Official Comments:			

Details regarding the TransUnion CIBIL privacy policy is available at <https://www.transunioncibil.com/legal/privacy-policy>

TRANSUNION CIBIL LIMITED

TransUnion CIBIL Limited (Formerly: Credit Information Bureau (India) Limited)  
One World Centre, Tower 2A, 19th Floor, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013