**FEEDBACK QUESTIONNAIRE**

We would like you to take a few minutes to answer some questions. Your responses will greatly help us continuously improve the quality of our services. Rest assured that the information you provide will be kept confidential. Thank you for your participation and feedback.

**1. How did you get to know about Keystone Sacco?**...............................................................

**2. Within a scale of 1 to 5 how satisfied are you with the following?**

Extremely dissatisfied [1] Very dissatisfied [2] Satisfied [3] Very satisfied [4] Extremely Satisfied [5]

1. Accessibility of our customer service for inquiries?........
2. Provision of clear information on requirements for access of our products and services?........
3. Professional conduct of staff?..........
4. Timeliness of our responses to inquiries and delivery of financial services?........
5. Value of the service you received versus the money you spent to get the service?........

**3. Within a scale of 1 to 5, how likely are you to maintain your membership registration status active with us up to the unforeseeable future?.........**

Extremely likely [1] Very likely [2] Likely [3] Very unlikely [4] Extremely Unlikely [5]

**4. Within a scale of 1 to 5, how likely are you to recommend us to your colleague, friend or family member?.........**

Extremely likely [1] Very likely [2] Likely [3] Very unlikely [4] Extremely Unlikely [5]

**5. What would you like us to change about the products/services we**

**offer?**..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**6. Please fill-in your contact details:**

Name:.........................................................

Contact No:................................................

Membership No:........................................

Employer:...................................................