

## CUSTOMER SATISFACTION SURVAY

### 1. REGISTRATION FORM

NAME: FIRST NAME LAST NAME

DOB: DD/MM/YY

MOBILE NO:

EMAIL:

USERNAME:

PASSWORD :

CONFIRM PASSWORD:

GENDER: MALE FEMALE

ADDRESS:

☐ I ACCEPT THE TERMS AND CONDITION

REGISTER

### 2. ONLY REGISTERED CUSTOMER SIGN IN

USER NAME/MOB .NO:

PASSWORD:

SIGN IN

3. PRODUCT TYPE: 1.FASHION 2. BEAUTY 3.GROCERY 4.MOBILE  
&TABLETS 5.ELECTRONICS

WHAT IMPRESSED YOU MOST ABOUT THE PRODUCT ?

1.QUALITY 2.PRICE 3.DESIGN 4.USABILITY

THINKING OF SIMILAR PRODUCT OFFERD BY OTHER COMPANIES.HOW  
WOULD YOU COMPARE THE PRODUCT OFFERED BY OUR COMPANY.

1.EXCELLENT 2.GOOD 3. SAME 4.WORSE 5.MUCH WORSE

WOULD YOU PURCHASE FROM THIS COMPAINY AGAIN

1.YES 2.NO

HOW SATISFIED WERE YOU WITH THE PRODUCT

1.EXCELLENT 2.SATISFIED 3. UNSATISFIED 4.NEUTRAL

WOULD YOU USE OUR PRODUCT IN THE FUTURE ?

1.DEFINITLY 2.PROBABILY 3.NOT SURE 4.PROBABLY NOT 5.DEFINITLY  
NOT

ANY COMMENT OR SUGGESTION .

ENTER YOUR COMMENT HERE..

RESET

SEND FEEDBACK