

Questionnaire

Date: / /

1. Is that your bike? – Yes / No
2. Are you registered? – Yes / No
3. Are you a member of some organizations? – Yes / No
4. Do you have a driving permission? – Yes / No
5. Do you have a helmet? – Yes / No
6. Do you have a reflector? – Yes / No
7. Have you ever had accidents? – Yes / No
8. How much profit do you make a day?
9. Where is your boda-boda stage? – Yes / No
10. Can I register your information to the service? – Yes / No
 - Name:
 - Phone Number:
 - Plate Number:
 - Area:

I'll keep your information carefully. Thank you for your cooperation very much!