

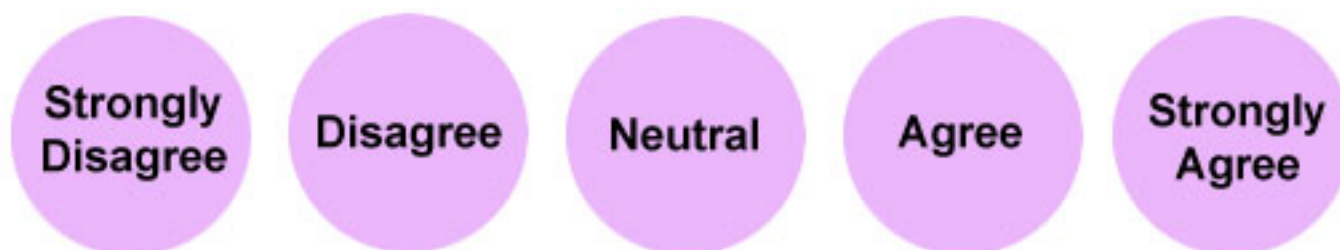
To improve our services rendered to your organisation, we are conducting a survey on our Technical Services.

Your feedback is important to us and will contribute to the department's performance appraisal. Thus, your genuine feedback is greatly appreciated.

Help CHASS serve you better...

Technical Specialist Name: _____ Date: _____

Please tick the most appropriate rating.



- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The technical specialists responded within service level agreement timeframe. (please state SLA expected timeframe _____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The technical specialists are able to resolve or provide alternative solutions to my problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I will not hesitate to engage the services of the same technical specialist for my next project. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Overall, I am satisfied with CHASS's services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I would renew my service contract with CHASS when the existing contract expires. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Is there one company you think may require the same services?

Name: _____
Contact: _____
Company: _____

Your feedback will be kept fully confidential. Once again, we thank you for your time in completing this questionnaire.

Signature: _____
Name: _____
Designation: _____
Organization: _____

Please return the completed form through fax:6270-3200
OR email: feedback@chassasia.com