



AQUALIS GROUP

Quality, Environment, Occupational Health and Safety Manual

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CUSTOMER SATISFACTION SURVEY FORM

Company name:

Contact person:

Contact No.:

Dear Sirs,

Thank you for your ongoing support of our company. To help us better understand your requirements and improve our services, please complete the attached questionnaire regarding your level of satisfaction. We encourage you to provide any additional feedback you may have. Kindly return the completed form to us by email or fax within three days. Thank you in advance!

Email address:

Compared with other suppliers, your opinion:

NO.	Item	Ratings				Reason and advice
		Satisfied	Acceptable	Dissatisfied	Not Acceptable	
1.	Response/Attitude of employees	✓				
2.	Awareness for fulfilling the job requirements		✓			
3.	Punctuality in site/ field inspection	✓				
4.	How quick we are at meeting the job requirements.	✓				
5.	Faxing the daily rough reports on time		✓			
6.	Delivery of final reports/drawings on time		✓			
7.	Handling of complaints, if any, on time		✓			
8.	Post delivery follow ups	✓				
9.	Competitive price	✓				
10.	Overall reliability of AQUALIS	✓				
		Definitely	Probably	Not Sure	Probably not	Definitely Not
1.	Would you use our service in the future?	✓				
2.	Would you recommend AQUALIS to colleagues/ contacts within your industry	✓				

Other comments, if any:

AVL Approval shall be beneficial if Aqualis is entitled
(Adnoc vendor list)

Signature & Seal

