









Dear Valued Customer,

Your opinion matters to us, Therefore, Tectronics would like your feedback or any comments, you may have that will help us further enhance our products and services, Kindly fill in this feedback form and we will work towards meeting those expectations.

1. CONTACT DETAILS		2. TYPE OF FEEDBACK
Name of Person :	Date :	<input type="checkbox"/> Suggestion
Name of Firm :	Contact No :	<input type="checkbox"/> Compliment
Email Id :	City & State :	<input type="checkbox"/> Complaint

3. PRODUCTS TO BE INSTALLED		
<input type="checkbox"/> TG 04 Series	<input type="checkbox"/> RTG 24P 06 Series	<input type="checkbox"/> RTG 24P 08 Series
<input type="checkbox"/> RTG 08 Series	<input type="checkbox"/> RTG 10 Series	<input type="checkbox"/> RTG 13 Series
<input type="checkbox"/> RTG 20 Series	<input type="checkbox"/> RTG 2500 Series	<input type="checkbox"/> TG 06 Series
<input type="checkbox"/> TG 08 Series	<input type="checkbox"/> TG 10 Series	<input type="checkbox"/> Other Please Specify

4. PRODUCT FEEDBACK	 Not Good	 Average	 Good	 Very Good
1. Machine is Easy to Install	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Overall Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Value of Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Performance of Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Delivery of product intime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Others (if Any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. SERVICE FEEDBACK	 Not Good	 Average	 Good	 Very Good
1. Staff Willingness to delivery services promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff Knowledge and Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Behaviors of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Others (if Any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. OTHER DETAILS YOU WANT TO SPECIFY / IMPROVE US ACCORDING TO FEEDBACK

6. By signing this form, I/We hereby confirm that I/We have been made aware and understand that the information provided by me is in accordance to Tectronics Engineers' Privacy Statement.

DATE :

PLACE :

(SIGNATURE / SEAL OF APPLICANTS)

TECTRONICS ENGINEERS

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