

Form No. SF/QSTNR/01 R2

## CUSTOMER SATISFACTION SURVEY

We are continuously striving to improve our services to all our valued customers. May we Invite you to spend a few minutes of your time to complete this evaluation.

Your response will help us to improve our products and services to your full satisfaction.  
We hope you are satisfied with the services we are rendering to you.

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| <b>COMPANY :</b>     |  |                    |  |
| <b>NAME:</b>         |  | <b>POSITION:</b>   |  |
| <b>TELEPHONE NO.</b> |  | <b>FAX:</b>        |  |
| <b>DATE:</b>         |  | <b>EMAIL ADD.:</b> |  |

*How do you rate STC on its products and services?*

|  | Very Good                | Good                     | Average                  | Below Average            |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Product Reliability</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Technical Support</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Drawings Clarity and Presentation</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Communication Level</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>After Sales Services</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Delivery Period</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Suggestions/ Recommendations:**

*Thank you again for your cooperation.*

*With regards,*

*Saudi Transformers Company*

**For Official Use Only**

|  |  |              |  |
|--|--|--------------|--|
| <b>Responsible Engineer:</b>                     |  | <b>Date:</b> |  |
| <b>Sales Branch:</b>                             |  |              |  |
| <b>Feedback Communicated to the customer on:</b> |  |              |  |