CUSTOMER FEEDBACK

Please let us know about your experience with our service.

Full Name/Company Name :	Address:		
Email Address :	Date:		
Is this the first time you are using our servi	iooo?	○ YES	
Is this the first time you are using our services? Would you recommend it to your friends and colleagues?		O YES	○ NO
would you recommend it to your mends a	and colleagues:	0 123	0140
Description	n of the Issue		
(Please provide a detailed description of your complaint, including any relevant dates, transaction details, and other pertinent information)			
	per un on tun on nation,		
How satisfied are you with our company overall?			
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By submitting this form, you acknowledge that the knowledge. And you understand that the platfe	-		-