



## CUSTOMER FEEDBACK FORM

KNP/IMS/REG/F..

Thank you for visiting registry department we value all our customers and we strive to meet everyone's need.

Please tell us the date you visited our department.

Date(s): \_\_\_\_\_

### 1. Were you satisfied with the customer service we provides you?

Yes  No  Somewhat

Comments: \_\_\_\_\_

### 2. Was our services provided to you in an accessible manner?

Yes  No  Somewhat

Comments: \_\_\_\_\_

### 3. Did you experience any challenge/ problems accessing our services?

Yes  No  Somewhat

Comments: \_\_\_\_\_

Your Contact information(optional)

Name: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\**Thank you.*\*\*\*\*\*