



# **CUSTOMER FEEDBACK FORM**

**CEYCERT (PRIVATE) LIMITED**

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Thank you for obtaining certification services from Ceycert Private Limited! We value all of our clients and strive to meet all interested parties' needs.

Please send the duly filled form to Director, Ceycert (Private) Limited, [director@ceycert.com](mailto:director@ceycert.com). This information is important for us to upgrade the quality of the certification services.

1. Name of the organization:

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2. Type of audit:

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3. Date of audit:

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4. Please use following scale to record your responses to section 4.

1 – Very Poor      2 - Poor      3 - Moderate      4 – Good      5 – Very Good

| :  | 1                        | 2                        | 3                        | 4                        | 5                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4.1. Audit planning and communication before the audit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2. Conduct of the audit in a planned manner          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3. Conduct of the audit in a professional manner     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4. Performance of the audit team                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5. Quality of services of Ceycert                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6. Processing time taken for certification           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7. Recommend Ceycert services to Others              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Explain further with regard to section 4, if your answer 1 or 2 for any:

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6. Comments/Suggestions on to improve the certification activities of Ceycert

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Signature of representative:

Date: