# CLIENT TESTIMONIAL

**This document serves as reference referral and a service satisfaction survey for expert advisory services rendered by**

**company ……………………………………………………………………………………………….**

**Section A:**

**REFRENCE COMPANY WHO RECEIVED THE SERVICE:**

Client Name: …………………..……………………………………………………………………………………………………………………...

Company Address: …………………………………………………………………………………………………………………........................

Industry / Sector: …………………………………………………………………………………………………………………............................

Company size: …………………………………………………………………………………………………………………...............................

Turnaround time of assignment (from briefing meeting to acceptance of the offer): Start date: ……………End Date……………………

Company Representative Name: ……………………………………………………………………………..…………………………………….

Representative Designation: ………………………………………………………………………………….…………………………………….

Representative Contact Number: …………………………………………………………………………………………………………………..

Representative Email Address: ……………………………………………………………………………………………………………………..

Brief description of services rendered: ……………………………………………………………………………………………………………..

**Section B:**

**SURVEY ON PERFORMANCE:**

Please tick only ONE option.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item**  **No:** | **Criteria** | **Excellent** | **Good** | **Poor** | **Comments** |
| **1.** | Quality of service rendered |  |  |  |  |
| **2.** | Performance (commitment to project) |  |  |  |  |
| **3.** | Turnaround time of execution of the project |  |  |  |  |
| **4.** | Overall customer satisfaction |  |  |  |  |