# aNNEXURE B: Testimonial TempLate

**This document serves as reference referral and a service satisfaction survey for printing, labelling, packaging and distribution services rendered by: ……………………………………………………….………………………………...**

**Section A:**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

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

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

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

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

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

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

Brief description of the service rendered: ………………………………………………………………………………………………..

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**Section B:**

**Please tick only ONE option, per line item.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **Good** | **Average** | | **Poor** | **Comments** |
| 1. | Level of satisfaction | Good | Average | | Poor |  |
| 2. | Quality standards (print quality, accuracy, finishing) | Good | Average | | Poor |  |
| 3. | Reliability in meeting deadlines and urgent requests | Good | Average | | Poor |  |
| 4. | Compliance with security and confidentiality requirements | Yes | | No | |  |
| 5. | Work was completed successfully on time. | On time | | | |  |
| Yes | | No | |  |

**Comments:**

…………………………………………………………………………………………………………………….......................................

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**Signature:** …………………………………………………. **Date:** …………………………………………………………

**Note:** This document **must** be copied to the client’s company letterhead or authenticated with a company stamp.