# aNNEXURE B: TESTIMONIAL TEMPLATE

**This document serves as reference referral and a service satisfaction survey rendered by:**

**…………………………………………………….……………………………….................................................................................**

**Section A:**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

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

Client contact person and phone number: …………………………………………………………………………………………

Contract Period: Start date: ………………………………………………End Date…………………………………..………….

Description of the services: ……………………………………………………………………………………………………..…..

**Section B:**

**Please tick only ONE option.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No:** | **Criteria** | **Good** | **Average** | **Poor** | **Comments** |
| 1. | Level of satisfaction |  |  |  |  |
| 2. | Meets agreed project turn-around- times |  |  |  |  |
| 3. | Showed deep understanding of the relevant accounting and tax skill |  |  |  |  |
| 4. | Timeous reporting aligned with reporting requirements |  |  |  |  |

**Comments:**

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

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

**Signature**:…………………………………………………….

**Date:** …………………………………………………………

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