# aNNEXURE B: Testimonial TempLate

**This document serves as reference referral and a service satisfaction survey for compensation and benefit survey services rendered by:……………………………………………………….………………………………...**

**Section A:**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

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

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

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

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

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

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

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

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

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

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

**Section B:**

**Please tick only ONE option.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No:** | **Criteria** | **Select company size** | | | **Comments** |
| 1. | Company size: Number of employees | More than 5000 | 3000 - 5000 | Below 3000 |  |
| **No:** | **Performance Criteria** | **Good** | **Average** | **Poor** | **Comments** |
| 2. | Quality of service | Good | Average | Poor |  |
| 3. | Quality of reports provided | Good | Average | Poor |  |

**Comments:**

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

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

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

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