

Note: Please fill the complaint form and e-mail it to info@summitcapital.com.pk

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SUMMIT CAPITAL CLIENT QUESTIONNAIRE

Operation Assessed: EQUITY SALES AND TRADING

Date: _____

Customer name: _____

Customer Account code: _____

Branch: _____

1. How do you see communication between yourself and our Organization?

Excellent Good Average Poor

Comments (if any) _____

2. What is the frequency of your visit to our office premises?

Always Frequently Occasionally Rarely

Comments (if any) _____

3. How would you rate the ambience / environment of our office?

Excellent Good Average Poor

Comments (if any) _____

4. Do you find the quality of our services consistent with your requirements? (if no please provide your recommendations)

Yes No Not assessed

Recommendations _____

5. How would you rate the overall quality of our services?

Excellent Good Average Poor

Comments (if any) _____

6. What is your opinion of the Risk management function at Summit capital Securities?

Effective Not effective No comments

Comments (if any) _____

7. How would you rate the attitude of our dealers?

Excellent Good Average Poor

Comments (if any) _____

8. How would you compare the quality of our service with the cost of our service?

Excellent Good Average Poor

Comments (if any) _____

9. Please state the level of satisfaction over the timeliness and delivery of our services / reports?

High Partially satisfied Dissatisfied

Comments: _____

10. How often has the Company been able to meet your emergency needs?

Always Sometimes Never

Comments: _____

11. How would you rate the technical knowledge of our executives / staff?

Excellent Good Average Poor

Comments (if any) _____

12. How would you rate your satisfaction level with respect to timeliness and actions taken as a result of your complaints?

High Partially satisfied Dissatisfied

Comments: _____

13. How would you rate our research?

Excellent Good Average Poor

Comments (if any) _____

14. Are you satisfied with our problem solving ability? (if no please do provide us your recommendations)

Yes No Not assessed

Recommendations _____

15. Would you like to participate in our regular surveys and polls?

Yes No

If yes, please provide us your:

Email Address: _____
Cell number: _____

16. Is there a service that we currently do not provide that you would find helpful? If yes, please describe and be as specific as possible.

17. Any other suggestion you would like to provide us to help improve the quality of our services:

