CLIENT SATISFACTION SURVEY

To help us better understand your level of satisfaction with our services we would appreciate it if you would complete this one page Client Satisfaction Survey and return it to us, within ten days.

Client _____

Contact Name _____

Contact Telephone Number _____

Please circle the number or fill in the button that you feel best describes how we are performing in each of the following areas:

		Poor		**Average**		**Excellent**
		1	2	3	4	5
1	Service Quality	○	○	○	○	○
2	Timeliness of Service Delivery	○	○	○	○	○
3	Our Response When Contacted	○	○	○	○	○
4	Technical Support	○	○	○	○	○
5	Performance Compared to Competitors	○	○	○	○	○
6	Value of Service	○	○	○	○	○

Additional Comments

_____	_____	_____
Survey Completed by	Title	Date (dd-mm-yyyy)

Please return this survey by mail or fax to:
Client Relationships
Cayman Islands Shipping Registry
PO Box 2256
Grand Cayman KY1-1107

Please feel free to make direct contact with:

Email: client.relationships@cishipping.com

Attach additional pages as required