

		<h1 style="text-align: center;">CUSTOMER FEEDBACK FORM</h1>	
<p><i>Notes : * is mandatory. Only completed form will be processed by our officers.</i></p>			
A-PERSONAL DETAILS			
1-Name* :			
2-IC Number* :			
3-Type of Business :		Local Company <input type="checkbox"/>	Multinational Comp <input type="checkbox"/>
		Individual <input type="checkbox"/>	Organisation <input type="checkbox"/>
4-Nationality :		Malaysian <input type="checkbox"/>	Others Nationality (Please state) : <input type="text"/>
5-Occupation* :			
B-PLEASE PROVIDE YOUR FEEDBACK			
1-Type of feedback* : (Please tick V one only)			
Inquiry <input type="checkbox"/>	Appreciation <input type="checkbox"/>	Complaint <input type="checkbox"/>	Suggestion <input type="checkbox"/>
2. Subject :			
3-Details* :			
4-Expected Result :			
C-HOW CAN WE CONTACT YOU			
1-Address* :			
2-Postcode		4-State	
3-Phone*		5-Fax*	
Email*			
For office use only		Ref No :	
Date Received :		Date Resolved :	
Division :		Unit/ Issue:	
Notes :			
Name:	Division Representative ,	Answer Provider,	
Signature & Date :			