



Customer Feedback Form

Region... MUMBAI .....

Company Name... JN Lighting India LLP Location... Vasai .....

1. How would you rate your overall experience with SM Express service?  
Very Much Satisfied  Satisfied  Not Satisfied   
If not satisfied, then please let us know the reason.....

2. Is our pickup staff coming on time - Yes  No   
If NO then what time does our staff comes..... & what time do you want him to come.....

3. Is our Delivery staff coming on time (Yes / No) .....?  
If NO then what time does our staff comes..... & what time do you want him to come.....

4. How is the behavior of our pickup and delivery staff?  
Very Good  Good  Not Good   
Name Of Pickup Staff..... / Name Of Delivery Staff.....

5. How satisfied are you with our Customer Service Department?  
Very Good  Good  Not Good   
Name Of The Staff In Particular.....

6. How satisfied are you with our Billing system?  
Very Good  Good  Not Good   
Suggestion to improve our billing.....

7. What should we change in order to live up to your expectations? Share your suggestions?

Date... 16/6/2021 Person Name... Shankarala Contact Number ... 9920215965

Email Id .....

Signature



16/21  
Stamp.....

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