Feedback Form 客户反表格

A. CLIENT INFORMATION 客户资料				
Name 客户名字	ID/Passport Number 身份证/护照号	Contact No. 联系电话	Email 电子邮件	
B. FEEDBACK 回馈				
Name of Staff whom you interacted with				
您与之互动的员工姓名				
How would you rate your overall experience with PC Financial? (Highest 10, Lowest 0)*				
(Highest 10, Lowest 0)				
您如何评价您在寶鉅金融的整体体	验?			
(最高 10·最低 0) *				
Kindly share more details about your experience with us				
请与我们分享有关您的体验的更多详细信息				
C. CLIENT SIGNATURE 客户签名				
Client Signature 客户签名		Date 日期:		

You can email this completed form to admin@pcfinancial.sg

We aim to resolve your feedback professionally and fairly within our established service standards as follows:

Progress of Investigation	Service Standards*	
Provide acknowledgement reply	T+2 working days	
Provide final resolution	T+14 working days	
Resolution exceeding (T+14 working	Interim reply will be sent by T+14 working days, and every	
days)	subsequent 14 working days, until final resolution given	

^{* &}quot;T" denotes the date of receipt of the feedback.