

Branch Location:..... Form S.No.:.....

Please spare a few minutes to share your experience at Sundaram Mutual Fund.

	Excellent	Good	Satisfactory	Unsatisfactory
1. Service Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Branch Atmosphere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff Politeness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Overall Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Suggestions/comments (if any)

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Name

Folio No.

Date:.....

Signature.....

• Thank you for investing with us and providing your valuable feedback •