

HEAD OFFICE
GABORONE
P.O. Box 81773
Molapo Crossing
Gaborone
Tel: 3959733
Fax:3957183



PALAPYE
P/Bag 7
Palapye
Tel: 4921992
Fax: 4921992

BRANCHES

| | |
|---|---|
| FRANCISTOWN P.O. Box 815 Francistown Tel: 2401793 Fax: 2401818 | SELIBE PHIKWE P.O. Box 170 Selibe Phikwe Tel: 2600547 Fax: 2600548 |
|---|---|

FEEDBACK QUESTIONNAIRE

Dear Valued Member,

The Management Board and Staff of Maitlamo SACCOS are appreciative of your membership with the SACCO to this point. We are pleased to be of service to you. Having patronized the services offered by the SACCO, we wish to collect some feedback from you pertaining to our operations and services and any other suggestions that you might have in order to serve you even better and retain you as our member for the longest time possible. The information given will be handled in CONFIDENCE. *Please tick or add comments as appropriate*

A. GENERAL

1. How would you rate the following?

| CUSTOMERSERVICE | | Poor | Fair | Good | Very Good | Excellent |
|-----------------|------------------|------|------|------|-----------|-----------|
| I. | Client Reception | | | | | |
| II. | Services Offered | | | | | |
| III. | Turnaround Time | | | | | |

B. PRODUCTS

What is your opinion concerning the products offered at the SACCO?

I. Credit products

.....
.....
.....
.....

II. Savings products

.....
.....
.....
.....

C. SAVINGS WITHDRAWAL

a) How often do you withdraw/encash your savings?

Once a Year More than twice a Year Do not withdraw savings

b) Kindly give your reasons for savings withdrawal from the SACCO

.....

c) What suggestion(s) do you have that would otherwise reverse your decision in C (b) above?

.....

D. COMPETITION ANALYSIS

1. Have you **ever gotten** a loan facility from any of the following sources?

| Source of Loan/Credit Facilities | Yes | No |
|----------------------------------|-----|----|
| i. Commercial Banks | | |
| ii. Cash loan/Other | | |

2. How would you rate your **satisfaction** from the loan/credit facility offered by the following?

| Source of Loan/Credit Facilities | Not Satisfied | Slightly Satisfied | Satisfied | Very Satisfied | Extremely Satisfied |
|----------------------------------|---------------|--------------------|-----------|----------------|---------------------|
| i. Commercial Banks | | | | | |
| ii. Cash loan/Other | | | | | |

Please give other comments or suggestions (**if any**) in addition to the already provided information that you feel will be of benefit to the Sacco.

.....

E. PERSONAL INFORMATION

- Years in SACCO: 0-5 6-9 10-15 16 & above
- Gender: Male Female .
- Station: _____ Department _____

*****The end, thank you for your valuable time*****