



*Your Best Move*

### QUALITY CONTROL FORM

Our aim is to provide our customers with the highest standard of service possible. Comments on every aspect of our service are therefore vitally important to us. If you have a complaint, we would genuinely like to hear from you. Maybe you have a suggestion which could help us further improve our service. Please take a few moments to complete this Quality Control Form - YOUR COMMENTS REALLY DO COUNT!

Customer <i>MR. IVAN SZUBIN</i>	Ref. No.
Removal from <i>PRETORIA</i>	Removal to <i>LANGEBAAN</i>

	Excellent	Good	Fair	Poor
1. Appearance and neatness of vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appearance and neatness of crew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability and attitude of supervisor and crew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Standard of packing and materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attitude and co-operation of office staff at origin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attitude and co-operation of office staff at destination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Did our vehicle arrive at the appointed time

	Yes	No
To load your effects	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To deliver your effects	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Were your effects delivered to your satisfaction  
If not please comment:

*EXCELLENT SERVICE*

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9. Overall standard of your move *Excellent*

10. Do you have any suggestions which may help us improve our service.  
*KEEP ON GOING THE WAY YOU ARE*

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Signature *[Signature]* Date *09/01/2017*

PLEASE HAND TO THE SUPERVISOR. THANK YOU FOR YOUR TIME AND CO-OPERATION

FOR OFFICE USE

Supervisor: At origin ..... At Destination .....

Crew .....

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