

FEEDBACK FORM

➤ Please tick box/es to let us know how you found out about us

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Internet	<input type="checkbox"/> Poster/leaflet
<input type="checkbox"/> Newspaper/TV Advertisement	<input type="checkbox"/> Random Drop in	<input type="checkbox"/> Other

➤ How do you rate the information/advice/assistance you received from the ESOFT staff in relation to your queries

Excellent
 Good
 Average
 Poor
 Dissatisfied

➤ If you have any comments on the service you received or any suggestions about how we can improve, please use the space below

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PERSONAL DECLARATION

I confirm that the information given in my application form is true, complete and accurate.

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Date

.....
Signature

FOR OFFICE USE ONLY

Reg No	<input style="width: 100%; height: 20px;" type="text"/>
Batch No	<input style="width: 100%; height: 20px;" type="text"/>
Course Fee	<input style="width: 100%; height: 20px;" type="text"/>
Discount	<input style="width: 100%; height: 20px;" type="text"/>
After Discount Fee	<input style="width: 100%; height: 20px;" type="text"/>
Reason	<input style="width: 100%; height: 20px;" type="text"/>
Comments	<input style="width: 100%; height: 40px;" type="text"/>

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Enrolled by

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Authorized by