

YOU INSPIRE US TO STRIVE FOR EXCELLENCE

Customer Feedback Form



At HSBC, 'Customer Delight' is our first priority and we are committed to providing you the Best-in-class Banking Experience. If you are happy with our services or not entirely satisfied, we would love to hear from you. More importantly, we want you to tell us where we can do more to serve your needs better.

Your Feedback is about (Please tick the appropriate ones):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Branch Service | <input type="checkbox"/> Account Opening | <input type="checkbox"/> Debit card | <input type="checkbox"/> Deposit products |
| <input type="checkbox"/> Loan Products | <input type="checkbox"/> Contact Centre | <input type="checkbox"/> Personal Internet Banking | |
| <input type="checkbox"/> Customer Service Representative/Relationship Manager | <input type="checkbox"/> Propositions | | |
| <input type="checkbox"/> Others (please specify) _____ | | | |

Details of the feedback:

Please do not provide any confidential information (i.e. your account number, personal identification number, etc.)

Your Name

Contact No: Email ID:

Signature & Date :

THANK YOU FOR SHARING YOUR FEEDBACK WITH US

Please note, we will acknowledge receipt of your feedback within one (1) working day and if your feedback requires any resolution, we aim to resolve it in five (5) working days. Occasionally we may need more time and we will keep you informed. Your feedback will be handled in total confidence by employees who have the right experience and authority.