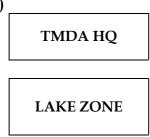


## Dear Customer, TMDA is always striving to deliver quality services to meet customer needs and expectations. We would ge CONFIDENTIAL.

Date:\_\_\_\_\_ (dd/mm/yyyy)



EASTERN ZON

WESTERN ZON

1) How long have you been receiving services from TMDA?

Less than 6 months

1 year to less than 3 years

5 years or more

2) Type of Service(s)?

Medicinal Product Registration

Medicines Import Permits

Medicines Export Permits

Medicines Premises Registration

Clinical Trial Authorization

3) How do you rate the level of your satisfaction with the way TMDA provided services to you? (PLEA

Highly satisfied



## CUSTOMER EXIT INTERVIEW QUESTIONNAIRE

Neutral

| 4) How much do you rate us on the following attributes? (PLEASE TICK ONLY ONE ITEM) Well H Aver |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Customer care and coutersy  |  |
|   |  |
| Quality of service  |  |
| ~ )   |  |
| On - time delivery of service   |  |
|   |  |
|   |  |
|   |  |
| Transparency on delivery of service   |  |
|   |  |
|   |  |
| Responding to customer requests   |  |
|   |  |
| 5) Do you have any suggestions for improvement?   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |