

Dear Customer,

TMDA is always striving to deliver quality services to meet customer needs and expectations. We would gr

**CONFIDENTIAL.**

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

TMDA HQ

EASTERN ZON

LAKE ZONE

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

Neutral

**4) How much do you rate us on the following attributes? (PLEASE TICK ONLY ONE ITEM)**

	Well Below Average
Customer care and courtesy	<input type="checkbox"/>
Quality of service	<input type="checkbox"/>
On - time delivery of service	<input type="checkbox"/>
Transparency on delivery of service	<input type="checkbox"/>
Responding to customer requests	<input type="checkbox"/>

**5) Do you have any suggestions for improvement?**

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 .....  
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