



# Customer Feedback Form

Guaranty Trust Bank plc

Date: \_\_\_\_\_

**At Guaranty Trust Bank we are committed to deliver the utmost in customer service and your valuable feedback will help us to achieve this.**

Please indicate the type of service requested today \_\_\_\_\_

How long did it take? \_\_\_\_\_

*Please tick your responses for the service you have received*

**The Guaranty Trust Bank Staff who served me was**

- a)  Very Polite    Polite    Indifferent    Rude
- b)  Outstanding    Competent    Uncertain    Incompetent
- c)  Went beyond the call of duty    Forthcoming with help    Gave help reluctantly    Unhelpful
- d) Were you happy with the service you received from the Guaranty Trust Bank Staff ?    Yes    No

**If no**, is there anything we can do differently the next time to make it better or more valuable for you ?

**Please tick as appropriate**

	Excellent	Good	Fair	Poor	No Comment
▪ How did you find the quality of our products & services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How informative do you find our website?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How would you rate the quality of our banking environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Which GTBank Product or Service appeals to you most?**

- e-BRANCH    GeNS    GTMAX    INTERNET BANKING    GTSAVE
- GTCONNECT    BUREAU DE CHANGE    MASTERCARD    SMART KIDS SAVE



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DRIVE-THRU-ATM GTBANK-ON-WHEELS   
CASHPLUSCARD/ATM OTHERS

**Your suggestions are welcome:**

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***Please turn over***

**Would you like further information about our products and services?**

*Please give us your contact details for future follow-ups*

Are you an account holder? Yes No

Name (*Optional*): \_\_\_\_\_

Account No/Branch (*Optional*): \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_