
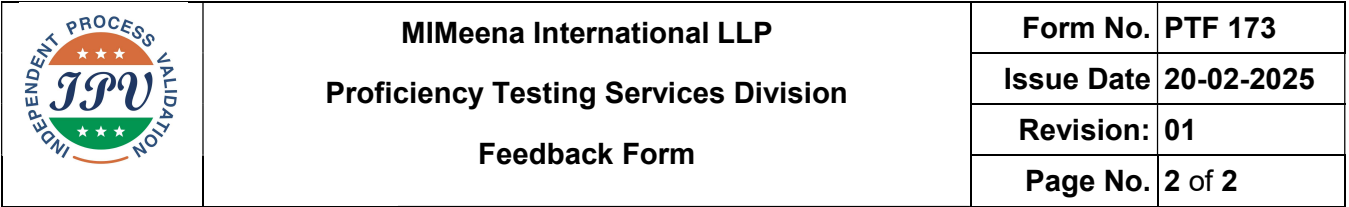


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|  | MIMeena International LLP Proficiency Testing Services Division Feedback Form | Form No. | PTF 173 |
| | | Issue Date | 20-02-2025 |
| | | Revision: | 01 |
| | | Page No. | 1 of 2 |

ANONYMOUS CUSTOMER FEEDBACK FORM

| | | | | | | |
|--|---|--|-------------|----------------|-------------|------------------|
| We seek to obtain objective evidence of your satisfaction with our training services so that we might improve them for your benefit and for the benefit of future students. | | | | | | |
| Instructions | <i>Thank you for taking the time to complete this customer satisfaction feed-back form, which you may hand over to the Management Representative or the Receptionist at any time, or post to us after you have left the training centre if you prefer. Your responses will be treated as confidential, and will help us to improve our service to industry.</i> | | | | | |
| | <i>Please answer questions 1 to 4 by entering the data requested. In all subsequent fields, please indicate your response by placing a ✓ in the appropriate box, or by circling the appropriate YES or NO response for questions 6 and 7.</i> | | | | | |
| 1. Proficiency Test Date | | | | | | |
| 2. NDT Method | | | | | | |
| | | Place a tick only one box in each row | | | | |
| Please rate each subject | | Very Good | Good | Neutral | Poor | Very Poor |
| Information about Proficiency Testing | | | | | | |
| Quality of PT Test Sample | | | | | | |
| Our response to your questions or complaints | | | | | | |
| Rules for PT | | | | | | |
| Overall opinion of Meena International | | | | | | |
| 6. Would you return to this organisation for further Proficiency Testing? | | | | | YES | NO |
| 7. Would you recommend the Proficiency Testing Division of MIMeena International LLP to others? | | | | | YES | NO |

[illegible]

| | |
|--------------|--|
| Nationality: | |
|--------------|--|

Do you want to say anything specific?

| | | | | |
|---|------|--|-----|--|
| Can we publish your comment in our website? | Yes: | | No: | |
|---|------|--|-----|--|

| | |
|-----------------------------|--|
| Signature & Date:(Optional) | |
|-----------------------------|--|