



**JAMII CO-OPERATIVE AND SAVINGS CREDIT SOCIETY**  
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**RE: MEMBER FEEDBACK FORM.**

Dear member, we value your feedback and therefore we would like to hear your experience so far. Kindly take few moments to rate our service delivery process. We promise that all information given will be kept confidential and your response will be analyzed by the Sacco CEO and Board, and that all suggestions will be given full consideration.

**Member Details**

Name: \_\_\_\_\_ Member No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail: \_\_\_\_\_

On a scale of 1-5 kindly rate your experience with us in the following areas.

**1-Poor 2-Needs improvement 3- Satisfactory 4-Good 5-Excellent**

<b>Service/Rating</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Reception					
FOSA/Banking services.					
Loan Processing.					
Accounts					
Credit Control					

1) What was your overall experience doing business with the SACCO?  
\_\_\_\_\_

2). What did you like about our services?  
\_\_\_\_\_

3). Is there anything we could have done differently?  
\_\_\_\_\_

