



Handover and Completion Certificate

Dear Customer. We at Loftspace are determined to provide an excellent service to you. Help us measure ourselves. Your opinion is extremely important to us .

. Please complete the following.

My ratings are as follows:		Poor	Fair	Good	Excellent
Consultant:	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Do you think the advice you received was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Installation Team:	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Was the installation carried out professionally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	How did we clean up?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Product:	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Are you happy you made this investment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General:	Your opinion of our Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Did we keep our promises?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	<input checked="" type="checkbox"/>
	Would you recommend us to your friends?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	<input checked="" type="checkbox"/>
Overall	Overall satisfaction index	out of 100 ▶			98 /100

Additional Comments : *I was very impressed with everything*

What could we do better? _____

Are there any other home improvement products you are considering purchasing ? *a skylight*

The installation is completed to my entire satisfaction.
 All unseen defects will be covered by my 5 year guarantee.
 Mr.S.Kunene Cell: 072 806 2783
 23 Aloe Ridge
 Healey Street
 Malvern East

Signature: _____

Date : *29 / 11 / 2011*

Date	29-11-2011
Installer	Kenneth
Consultant	Patrick Fraser

**Punctual
 Precise
 Always**