



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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are you happy you made this investment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
	Would you recommend us to your friends?	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>
Overall	Overall satisfaction index	out of 100 85 ▶			/100

Additional Comments : None

What could we do better? _____

Are there any other home improvement products you are considering purchasing ? _____

The installation is completed to my entire satisfaction.
 All unseen defects will be covered by my 5 year guarantee.
 Mr. Leon Rossouw Cell: 082 389 2419
 91 Via Positano
 Mount Fletcher Avenue
 Paulshof

Signature: _____

Date : 13 / 12 / 2011

Date	10/12/2011
Installer	Kenneth
Consultant	Patrick Fraser

**Punctual
 Precise
 Always**