TTAIFA
TRINIDAD AND TOBAGO ASSOCIATION OF INSURANCE AND FINANCIAL ADVISERS

STAKEHOLDERS SATISFACTION QUESTIONNAIRE - Clients

Name _____

Address _____

Contact Number _____ Email address _____

Date of Birth _____ Gender: Male ☐ Female ☐

Month ***Date*** ***Year***

Seldom ☐ Sometimes ☐ Frequently ☐ Always ☐

In your interaction with the TTAIFA graduate did the individual exhibit sound knowledge of the field? Yes ☐ No ☐

How often did your Financial Advisor give you sound financial advice? _____

How often did you receive a follow-up visit from your financial advisor? _____

How often did you receive satisfactory service from your financial advisor? _____

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Would you recommend your Financial Advisor to another person? ☐ Yes ☐ No

If not, why not? _____

_____

_____