



BD/MC/P08/F03

CUSTOMER SUGGESTION FORM

Issue 01

**In order to continually improve the quality of our products and services, Botswana Bureau of Standards highly appreciates your feedback in any service area or products that we offer to you.**

**Please kindly complete this form to help us improve our service delivery.**

**Part A**

- 1. Your contact details (optional):

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

- 2. Please suggest any service area that BOBS has to improve on (if possible suggest how the improvement should be done):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part B (for MCU staff only)**

- 1. Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU**