

Please use the space provided to share any other comments or suggestions.

Please tell us about yourself...

Gender: Male
 Female

Age: 18—24
 25—34
 35—44
 45—54
 55—64
 65 & older

Occupation: _____

May we contact you about any of your responses?

Yes No

If yes, please provide us with your name and contact information.

Name: _____

Address: _____

Tel #: _____

Email: _____

When completed, please return to:

The Bank of Nevis Ltd.
P. O. Box 450, Main Street, Charlestown, Nevis

*The Management and Staff
of The Bank of Nevis Ltd
sincerely thank you for your time
and your invaluable feedback.*



The Bank of Nevis Limited
P. O. Box 450
Main Street
Charlestown
Nevis
Tel # 1 (869) 469-5564
Fax #: 1 (869) 469-5019/4798
Email: info@thebankofnevis.com
Website: www.thebankofnevis.com



THE BANK OF NEVIS LTD.
"Improving the Quality of Life"

Please tell us ...

***How Can We Serve You
Better?***

Dear Customer,

Thank you for choosing The Bank of Nevis Ltd to be your preferred Financial Institution.

As part of our on-going efforts to enhance our service to you, we want to know what you think of us. Please take a few minutes to complete this questionnaire.

Your responses will be kept confidential and used solely for the purpose of enhancing our service to you, our valued customer.

1) How long have you been banking with us?

- Less than 6 months
- More than 6 months but less than 1 year
- 1 – 5 years
- Over 5 years

2) How often do you visit the Bank?

- 1 – 2 times per week
- 3 or more times per week
- Once per month
- Other _____

3) What transaction are you completing today?

- Withdrawing/depositing money
- Opening an account
- Closing an account
- Applying for a loan
- Applying for a credit card
- Online Banking
- Other _____

4) What is your main reason for banking with us?

- Customer service
- Rates & charges
- Products & Services
- Other _____

5) Please rate our:

	Excellent	Good	Average	Poor
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building/Décor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) Overall, how satisfied are you with our:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transaction time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products & services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Would you recommend us to your family and friends?

- Definitely
- Probably
- Not sure
- Probably not
- Definitely not

8) Why do you feel that way about recommending us to others?

9) Are there any products/services which we **do not** currently provide that you would be interested in acquiring?

- Yes No
- (if 'no', please go to question # 11)

10) Please specify the additional products/services that you desire.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

11) Thinking about similar products/services offered by other banks, how would you compare our products/services to theirs?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse
- No different

12) Are you likely to do more business with us?

- Yes No

Why? _____
