Kingsize Regulated
NWDT Sacco
Quality Products & Services

EXIT QUESTIONNAIRE – KINGSIZE SACCO

Dear Member

The management of KINGSIZE REGULATED NWDT SACCO are appreciative of your membership with the SACCO up to this point and value your invaluable patronage over the time. Having experienced our products and services offered, we highly appreciate your honest rating of the SACCO. This feedback will assist to improve where there are opportunities.

1. Personal Information.

Member Name	Member No.	Occupation

2. Kindly give reason from withdrawing from the Sacco.

3. How would you rate your satisfaction with services offered by the Sacco in totality.

No.	Customer Service	Poor	Fair	Good	Very good	Excellent
1	Client Relation					
2	Service Offered					
3	Timely Feedback					
4	Products					

Would you recommend the Sacco to other people? TICK YES ☐ NO ☐

If NO please give reason, _____

_____

Save Regularly and Borrow Wisely

North Airport Road, Nairobi Bottlers Limited Premises

0702 286585

0786 794496

kingsizesacco@gmail.com

info@kingsizesacco.co.ke

Mailing Address: P.O. Box 18034-00500, Nairobi

4. Do you have any suggestions on future improvement of services to members?

1)
2)
3)

5. Is there anything we could have done differently to retain you in the Sacco?

6. Would you consider rejoining the Sacco? TICK YES ☐ NO ☐

7. Would you like to re-invest some of your withdrawals to retain re-join the Sacco?
YES ☐ NO ☐

8. If YES please complete the below form.

No.	Details	Required
1	Members Name	
2	Membership Number	
3	Occupation	
4	Amount	
5	Signature	

FOR OFFICIAL USE ONLY

RECOMMENDATION - _____

_____

Interviewer _____ Signed _____ Date _____

Approved by _____ Signed _____ Date _____

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