

# Customer Satisfaction Survey

esbs

as individual as you

## New savings accounts

In our continual efforts to improve the range and quality of the services we provide, it would be appreciated if you could please let us have an honest opinion on your experience with the Society. We would like to know how successful you think we have been in meeting your needs and are very interested in learning those areas in which you believe we have room for improvement. Your opinion is very important to us.

This survey only takes a few moments to complete and once done you can simply return it to us in the enclosed pre-paid envelope.

And by completing the survey, you are also helping a worthy cause as for each one we receive back we will make a donation of £3 to our nominated Charity for this year.

### About you

Name .....

Account number .....

### Why did you choose esbs to save with?

Good reputation

I use other ESBS services

Personal recommendation

Convenience

Personal service

Other (please specify).....

### Name of account type opened?

.....

### Why did you choose this particular product?

(tick all that apply)

Interest rate

Tax-free interest

Do not need instant access

Instant access

Regular means of saving

Other (please specify) .....

.....

### How did you understand the process and information provided?

Fully understood

Reasonably understood

Some parts did not understand

Mostly not understood

How can we improve your understanding? .....

.....

### How long did it take us to open your account and forward the passbook?

.....

Do you regard this as being

Satisfactory

Unsatisfactory

If unsatisfactory, were you made aware of the reason for the delay?

Yes  No

### Do you know the name of the person you were talking to?

Yes  No

### What did you particularly like about how staff handled your application?

(please tick all that apply)

Friendliness

Efficiency

Clarity of explanations

### Was there anything you did not like? (please specify)

.....

.....

.....

### How could we have improved the service you received? (please specify)

.....

.....

.....

### Why did you choose the Society over other local organisations?

.....

.....

### Have you visited one of the Society's branches?

Yes  No

### If Yes, how often?

Weekly

Monthly

Half yearly

Annually

Less often than annually

Also if Yes, please let us know what more our branches should offer

.....

.....

### Can we use your comments as a testimonial on our website, social media channels or on other marketing material?

Yes  No

(Your name or other personal details will not be shown)

### Also, would you be prepared to be a case study should the press request one that fits your circumstances?

Yes  No

(If so, then you will be contacted at the time by the Society and you have the right to change your mind) If yes, best contact number

.....

.....

### Would you recommend the Society to others?

Yes  No

### Thank you for taking the time to participate in this survey.

All personal information provided by you on this form will be held in confidence and will only be disclosed if you choose to agree that we can share your comments for a testimonial on our website, social media channels or on other marketing material.

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