

Customer Feedback Form

Please ensure that all fields are mandatorily filled by you in CAPITAL BLOCK letters before signing.

Date	_(DD) / _(MM) /(YYY)	<u>Y)</u>	
Customer name			
Customer number			
My feedback			
I prefer to be contac	ted by: Phone	Email	Post
Important Note: All pro-	ducts, services and procedures of Deem are s	subject to the Deem terms and conditions co	pies of which are available at the
Deem offices or may be	viewed on Deem's website at www.deem.io.	,	
SIGN F	IERE		
Customer S	ignature		
For office use only			
Date	(DD)/(MM)/(YYYY)	Service request number	
Recipient name		Documents signed and attached	Yes No
Recipient signature			

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