



## How did you rate our service?

In order to ensure that the service offered by Society of Will Writers members is maintained at the highest possible standard we would be grateful if you would complete the following assessment of the consultant and the Will writing service.

Information provided will be treated in the strictest confidence and used to monitor and enhance the service provided.

Company/Member Name.....

Consultant.....

	Excellent	Very Good	Good	Satisfactory	Poor
Overall Professionalism of Consultant/Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Sales Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with The Member/Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### General Comments

	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
Were you supplied with a full Breakdown of fees and charges prior to instructing the Member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you asked to provide Evidence of your identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you provided with a copy of The Terms of Business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you provided with a full explanation of the services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your documents received within the agreed time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you offered an attestation service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel No \_\_\_\_\_

Please leave this blank if you would like to remain anonymous.

**If you have been happy with the service you have received and would like a friend or relative to benefit from the same service please provide their contact details below and we will send their details on to your will writer.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel No \_\_\_\_\_

**When this form has been completed please return it to The Society of Will Writers Head Office at the Freepost address below:**

**The Society of Will Writers, Freepost RSHA-JBGC-TJJY, Newland House  
 The Point, Weaver Road, Lincoln, LN6 3QN**