

# Customer Satisfaction Survey

## Closed savings accounts

esbs

as individual as you

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.....

### Name of account type closed

.....

### Why did you close the account? (tick all that apply)

Interest rate ☐

I need quicker access to my money than the account allows for ☐

The account did not meet my needs ☐

If not, please specify? .....

Buying what I was saving for ☐

Please specify what you were saving for.....

Switching to another form of savings: bonds, stocks and shares etc. ☐

Nearest esbs branch too far away ☐

I need longer opening hours at my local branch ☐

I need accounts with the use of cash machines ☐

Other (please specify) ☐

.....

### Was the account closing process satisfactory?

Yes ☐ No ☐

If not, why? .....

.....

### How long did you have the account with us?

Less than 1 year ☐

Between 1 and 5 years ☐

More than 5 years ☐

### How would you describe the service you have received from esbs during the time you have saved with us?

Excellent ☐

Good ☐

Satisfactory ☐

Poor ☐

What could we have done better for you? (please specify) .....

.....

### Do you hold any other esbs accounts?

Yes ☐ No ☐

If no, would you consider saving with us in the future?

Yes ☐ No ☐

If not, please provide details

.....

.....

### 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 could offer

.....

.....

### What are your expectations of future services to be provided by the Society?

.....

.....

.....

### 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)

### 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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