

Dear Valued Customers,

We strive to improve accessibility for all our customers. We would like to hear your comments, questions and suggestions about the provision of our services to you.

The Magnes Group Inc.

Customer Feedback Form

We thank you for visiting Magnes.

1. Please tell us the date and time of your call, email or visit:

2. Did we appropriately respond to your customer needs today?

YES NO (please explain below)

3. Was our customer service provided to you in a timely manner?

YES SOMEWHAT NO (please explain below)

4. Was our customer service provided to you in a helpful manner?

YES SOMEWHAT NO (please explain below)

5. Did you have any problems accessing our services?

YES (please explain below) SOMEWHAT NO

6. Please add any other comments you may have:

7. Contact information (optional)*:

***Please note:** The information collected will be utilized and stored in compliance with the PIPEDA *Personal Information Protection and Electronic Documents Act*, 2005.

For information on the Act, please visit: http://www.priv.gc.ca/information/guide_e_cfm