



Enagic India Kangen Water Pvt. Ltd

CIN – U41000TN2015PTC100366

Regd. Off: No.55, Thandalam Vill.Sriperumbadhurt Taluk,Kancheepuram, Chennai TN 602 105 .
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CUSTOMER FEEDBACK FORM

Note to Servicing Direct Seller: Please complete this form as on completion of product installation of esteemed customer & submit to piff-india@enagic.co.in

PRINCIPAL INFORMATION

Please tick one your category (✓)

Individual Sole Proprietorship Partnership Firm Private Limited Company Others (Please provide details)

Kindly give name of the customer as per category marked above

ID No.

Mailing Address

Contact Details :

ADDRESS DETAILS

Mailing Address

Mailing Address / Locality

City / Town / Village (Mandatory)

Post office (In case of village, Mandatory) District

PIN Code (Mandatory) State (Mandatory)

PRODUCT DETAILS

Products <input type="checkbox"/> (✓)	Serial No.	Invoice No.
<input type="checkbox"/> LEVELUK JR11		
<input type="checkbox"/> LEVELUK ANESPA DX		
<input type="checkbox"/> LEVELUK SD501		
<input type="checkbox"/> LEVELUK SD501 PLATINUM		
<input type="checkbox"/> LEVELUK K8		
<input type="checkbox"/> LEVELUK SUPER 501		

Sl. No.	CUSTOMER FEEDBACK	Yes	No
1	Have you received product in well condition?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is following materials received with the product? 1. All Accessories 2. Product Manual & Catalogue 3. Water Related Question(WRQ) 4. Maintenance Policy 5. Invoice & Warranty Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Has the distributor explained the requirement / necessity of pre filtration system based upon water source?	<input type="checkbox"/>	<input type="checkbox"/>
4	Pre filtration System used/installed?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is stabilizer/UPS connection or surge protector installed?	<input type="checkbox"/>	<input type="checkbox"/>
6	Is your product installed by distributor well, and on time?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the distributor explained the operation of product and how to use?	<input type="checkbox"/>	<input type="checkbox"/>
8	PH, ORP level and types of water, water properties has been checked? And shown as per product demonstration?	<input type="checkbox"/>	<input type="checkbox"/>
9	Has the distributor explained about the process of E-Cleaning and Deep Cleaning of the Unit.	<input type="checkbox"/>	<input type="checkbox"/>

CUSTOMER DECLARATION

By signing this customer feedback form, I confirm that I have been provided with and have undergone orientation programme which provided fair and accurate information on all aspects of the products and its uses. I hereby declare that the information furnished above is true to the best of my knowledge.

CUSTOMER SIGNATURE

DD MM YYYY

DATE:

SERVICING DIRECT SELLER SIGNATURE

DD MM YYYY

DATE: