SUMMIT CAPITAL
CLIENT QUESTIONNAIRE

Operation Assessed: EQUITY SALES AND TRADING Date:___________

Customer name: ___________________________________
Customer Account code: ______________________________
Branch: ___________________________________

1. How do you see communication between yourself and our Organization?
   Excellent □  Good □  Average □  Poor □
   Comments (if any) ____________________________________________________________
   ______________________________________________________________

2. What is the frequency of your visit to our office premises?
   Always □  Frequently □  Occasionally □  Rarely □
   Comments (if any) ____________________________________________________________
   ______________________________________________________________

3. How would you rate the ambience / environment of our office?
   Excellent □  Good □  Average □  Poor □
   Comments (if any) ____________________________________________________________
   ______________________________________________________________

4. Do you find the quality of our services consistent with your requirements? (if no please provide your recommendations)
   Yes □  No □  Not assessed □
   Recommendations ____________________________________________________________
   ______________________________________________________________

5. How would you rate the overall quality of our services?
   Excellent □  Good □  Average □  Poor □
   Comments (if any) ____________________________________________________________
   ______________________________________________________________
6. What is your opinion of the Risk management function at Summit capital Securities?

Effective    Not effective    No comments

Comments (if any) ____________________________________________________________

7. How would you rate the attitude of our dealers?

Excellent    Good    Average    Poor

Comments (if any) ____________________________________________________________

8. How would you compare the quality of our service with the cost of our service?

Excellent    Good    Average    Poor

Comments (if any) ____________________________________________________________

9. Please state the level of satisfaction over the timeliness and delivery of our services / reports?

High    Partially satisfied    Dissatisfied

Comments:   ____________________________________________________________

10. How often has the Company been able to meet your emergency needs?

Always    Sometimes    Never

Comments:   ____________________________________________________________

11. How would you rate the technical knowledge of our executives / staff?

Excellent    Good    Average    Poor

Comments (if any) ____________________________________________________________
12. How would you rate your satisfaction level with respect to timeliness and actions taken as a result of your complaints?

High [ ] Partially satisfied [ ] Dissatisfied [ ]

Comments: ____________________________________________________________

13. How would you rate our research?

Excellent [ ] Good [ ] Average [ ] Poor [ ]

Comments (if any) ____________________________________________________________

14. Are you satisfied with our problem solving ability? (if no please do provide us your recommendations)

Yes [ ] No [ ] Not assessed [ ]

Recommendations ____________________________________________________________

15. Would you like to participate in our regular surveys and polls?

Yes [ ] No [ ]

If yes, please provide us your:

Email Address: ____________________________________________________________
Cell number: ____________________________________________________________

16. Is there a service that we currently do not provide that you would find helpful? If yes, please describe and be as specific as possible.

________________________________________________________________________

17. Any other suggestion you would like to provide us to help improve the quality of our services:

________________________________________________________________________