



MERCHANT SURVEY FORM

MERCHANT DETAILS

BUSINESS NAME:			
BUSINESS REG NO:		DATE OF SIGNUP:	
MERCHANT ID:		NATURE OF BUSINESS:	
BUSINESS ADDRESS:			
TEL NO:		FAX NO:	
EMAIL ADDRESS:		WEBSITE ADDRESS:	

CONTACT PERSON DETAILS

TITLE*:	MR. / MRS. / MS. / DR. / OTHERS (PLEASE SPECIFY): _____	SEX:	M / F
FULL NAME:		DATE OF BIRTH (DD/MM/YYYY):	
NRIC NUMBER:		NATIONALITY:	
ADDRESS:			
TEL NO:		FAX NO:	
EMAIL ADDRESS:			

ADMINISTRATION

Please tick (✓) for YES, and cross (X) for NO.

<input type="checkbox"/>	Are the UR POS Materials prominently displayed in your shop?	<input type="checkbox"/>	Is redemption satisfactory for customers?	<input type="checkbox"/>	Do you see an increase in sales since joining up with the UR system?
<input type="checkbox"/>	Do your Cashiers prompt for UR Cards when purchases are made?	<input type="checkbox"/>	Is the amount of points issued satisfactory?	<input type="checkbox"/>	Do your regular customers use the UR Cards? (Skip last question if it's a YES)
<input type="checkbox"/>	Do your Cashiers encourage UR Card applications whenever possible?	<input type="checkbox"/>	Is the A&P Program satisfactory on the whole for you?	<input type="checkbox"/>	If not, are they interested in applying for the cards?

Merchant's Comments:

FOR MERCHANT OFFICE USE ONLY

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_____ COMPANY STAMP, NAME AND SIGNATURE	AMC Name:		_____ RECEIVED BY: NAME / SIGNATURE
	AMC Code:		
	Date of Survey:		
	Recommended Action:		

REMARKS:

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For Official Use