CUSTOMER FEEDBACK FORM	Effective Date:	
	Document Code: SHARIF-QSF-CFS-F01	
	Rev. #.00	Ref #:

As part of our ISO 9001:2015 Quality System, and our commitment to continuously improve the quality of our services and products, we would appreciate your comments and suggestions. Please take a few minutes to complete the short questionnaire below. We thank you for your time and input. Please tick the circle.

1 = Poor;
2 = Satisfactory - Could be Improved;
3 = Good - No Problems;
4 = Exceeds Expectations

Reviewed By :

REF NO:	**DATE: 14-10-2026**		
Customer Name: OSE Industries LLC			
Address Plot 26+84 Saih Shuaib 3, Dubai Industrial City			
City: Dubai	State: UAE	ZIP Code:	
	Fax:	Email: Supplychain@oseindustries.com	
How would you rate our Service level, when it is used By you?	1	2	3	(4)
How would you rate the Product you received with our Services ?	1	2	3	(4)
Did our Product is on time, as promised?	1	2	(3)	4
How satisfied are you with the Quality you have received?	1	2	3	(4)
What improvisation you want to make in our Work / Suggestion?	To provide responses and confirmation of the requested delivery schedule for every order. This will help us plan our operations effectively, ensure timely availability of pallets, and avoid delays in our daily activities.		

Signature : 14/10/26

ORLEAN

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3 = Good - No Problems;
4 = Exceeds Expectations

Reviewed By :

REF NO:	**DATE:** 16.10.2026		
Customer Name: GUTMANN INDUSTRIES LLC			
Address 54563, DIP-2,			
City: DUBAI	State:	ZIP Code:	
	Fax:	Email:	
How would you rate our Service level, when it is used By you?	1	2	3	4 ✓
How would you rate the Product you received with our Services ?	1	2	3 ✓	4
Did our Product is on time, as promised?	1	2	3	4 ✓
How satisfied are you with the Quality you have received?	1	2	3 ✓	4
What improvisation you want to make in our Work / Suggestion?	PRODUCT QUALITY.		

Signature : 19/10/26