

Name		Position	
Company Name			
Address			
		Date:	
Mobile		Email address:	

**Assessment Rating: PHDA Office & Auditors (Lead Auditor, Sharia Advisor, Technical expert)**

Based on your observation and experience, rate our services in the following areas as follows:		
<b>1 – Unsatisfactory      2 – Poor      3 – Average      4 – Good      5 - Excellent</b>		
1	Response of your contact with PHDA office Team.	
2	Auditor’s ability to perform audits in a systemic manner.	
3	Auditor’s Technical Knowledge of Scope, standards & client’s requirement.	
4	Auditor’s time management of Audit process.	
5	Auditor’s Interpersonal communication skills.	
6	Auditor’s personal Behavior.	
7	Auditor’s Knowledge of, and adherence to PHDA SOPs.	
8	Auditor’s Knowledge of Industry Sector being audited.	
9	Auditor’s Ability to seek enough objective evidences for non-compliances.	
10	Usefulness of the PHDA certificate and logo.	
11	Quality and Style of certificate.	
12	Satisfaction level with PHDA services.	
13	Any other Comments / Recommendations:	

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_