

Exiting Landlord Client Survey

| | |
|-------------------|--|
| Name: | |
| Property: | |
| Property Manager: | |
| Date: | |

We are sorry to be losing you as a landlord client. We are constantly tracking trends and determining ways to improve our services. We are interested to know how you have been looked after by our Property Management Team.

Our Performance

| | | | | |
|-------------------|---|---------------------------------------|---|---|
| Question 1 | Why did you choose us to handle the management of your property? | | | |
| | <input type="checkbox"/> Property Manager | <input type="checkbox"/> Sales Agent | <input type="checkbox"/> Previously dealt with agency | <input type="checkbox"/> Marketing/ Advertising |
| | <input type="checkbox"/> Overall reputation | <input type="checkbox"/> Referral | <input type="checkbox"/> Other | |
| Question 2 | How would you rate the information & advice provided to you during the time that we were managing your property? | | | |
| | <input type="checkbox"/> Poor | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Very Good | <input type="checkbox"/> Excellent |
| Question 3 | Were you confident that our Property Manager listened to and understood your needs and concerns? | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Comments: | | | |
| Question 4 | How would you rate the level of communication from us during the time the property was available to rent? | | | |
| | <input type="checkbox"/> Poor | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Very Good | <input type="checkbox"/> Excellent |
| | Comments: | | | |

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|-------------------|--|--|--|---|
| Question 5 | Were you happy with the rent achieved for the property? | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | If No, why not? | | | |
| | | | | |
| | Comments: | | | |
| Question 6 | Do you know about the other services we offer? | | | |
| | <input type="checkbox"/> Home Loans | <input type="checkbox"/> Investment Division | <input type="checkbox"/> Project Sales | <input type="checkbox"/> Commercial/ Industrial Sales and Leasing |
| | Comments: | | | |
| Question 7 | Do you own any other investment properties not being looked after by us? | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Would you be interested in our representative presenting you with a proposal for the management of your other properties? | | | |
| | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| | Comments: | | | |
| Question 8 | What is your reason for no longer requiring our services? | | | |
| | Comments: | | | |
| | | | | |
| Question 9 | Would you recommend our services to others? | | | |
| | Comments: | | | |
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|--------------------|--|---|---|---|---|---|---|---|---|----|
| Question 10 | How would you rate our Property Management Department's overall performance between 1 and 10? Circle your answer below. | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Comments: | | | | | | | | | |
| | | | | | | | | | | |
| Question 11 | What 3 things could we do to improve our service? | | | | | | | | | |
| | 1. | | | | | | | | | |
| | 2. | | | | | | | | | |
| | 3. | | | | | | | | | |
| | Comments: | | | | | | | | | |
| | | | | | | | | | | |
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Would you like to receive our bi-monthly property investor newsletter by email?

Yes No

Thank you for taking the time to complete our survey. We value your feedback and continually aim to improve our service. If you have any questions or requests, please don't hesitate to contact our Property Management Department on (Phone Number) or (Email Address).