Bank Name: _____ Head Office Address: _____

Point Person: _____ Telephone Number: _____

Survey on
Globe AutoloadMax Retailers Near the Borrowers

(Please use additional sheets if necessary)

Bank Branch	A-Max Retailers				
	Name of Store/Outlet	No., Street	Barangay	City/ Municipality	Province

Please indicate below the Survey Results of your Clients who are Globe Subscribers:

Number of Clients who are Globe Subscribers	
Percentage of Clients who are Globe Subscribers over subscribers of other networks	

Prepared by:

_____

Name:_____

Designation:_____

Date: _____

Approved by:

_____

Name: _____

Designation: _____

Date: _____