

**Supplier Suggestion / Feedback Survey Questionnaire**

We would be most appreciative if you could kindly provide your feedback on the performance of our Top Glove purchasing department personnel based on the following rating scales:-

**4 = Excellent**                      **3 = Good**  
**2 = Poor**                              **1 = Very Poor**

Rating Scale (Please tick ✓)  
4      3      2      1

- |  |                 |
|--|-----------------|
| 1) <b>Product Knowledge:</b> How do you rate our purchaser's product knowledge / contract term / purchasing processes ?  | ( ) ( ) ( ) ( ) |
| 2) <b>Competency:</b> How do you rate our purchaser's competency in pricing /costing negotiation?  | ( ) ( ) ( ) ( ) |
| 3) <b>Cost Down Initiative:</b> How do you rate our cost down initiatives?   | ( ) ( ) ( ) ( ) |
| 4) <b>Quality Assurance:</b> How do you rate our purchaser's initiative to ensure best quality products been delivered to Top Glove?   | ( ) ( ) ( ) ( ) |
| 5) <b>Delivery Time:</b> Do our purchasers provide you sufficient time between order placement and delivery?   | ( ) ( ) ( ) ( ) |
| 6) <b>Payment Track Record:</b> How do you rate our payment track record?  | ( ) ( ) ( ) ( ) |
| 7) <b>Anti-Corruption Initiative:</b> How do you rate our commitment in preventing and fighting corruption?  | ( ) ( ) ( ) ( ) |
| 8) <b>Payment Management:</b> How do you rate our payment management in preventing payment dispute?  | ( ) ( ) ( ) ( ) |
| 9) <b>Responsiveness:</b> Are our purchasers accessible (ie. in person, by telephone or email) and responsive to issues or problems that arose during the course of purchase?                      | ( ) ( ) ( ) ( ) |
| 10) <b>Professionalism:</b> How do you rate our purchaser's politeness and professionalism in communication?   | ( ) ( ) ( ) ( ) |
| 11) Do you have any other suggestion / feedback on how to improve our purchasing department practices / sourcing initiatives, in order to enhance our supply chain management and cost efficiency? |                 |

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**Your Company Information**

Company Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
City: \_\_\_\_\_  
Country: \_\_\_\_\_

You have been supplying to Top Glove since \_\_\_\_\_.  
Your valuable suggestion / feedback is much appreciated.  
Thank you.