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ESTÉE
LAUDER
COMPANIES

CONSUMER PRODUCT QUALITY QUESTIONNAIRE

Nature of Complaint	<input type="checkbox"/> Product	<input type="checkbox"/> Packaging	<input type="checkbox"/> Others (Please Specify)
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I. Product Particulars

Date :

Product Name (as per packaging)		Brand :
Product Size		Date & Place of Purchased :

II. Details of Customer

Name			
Address			
Contact No.	(HP)	(O)	(H)
Nationality		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

III. Details of Product Quality

How soon after you purchased of product did you notice the changes?

_____ Hour (s) _____ Day (s) _____ Week (s) _____ Month (s)

How was the product stored?

Was the cap closed securedly and tightly after use?

☐ Yes

☐ No

How was the product extracted from the jar?

☐ Spatula

☐ Others

Did you travel with the product?

☐ Yes (Please specify carrier)

☐ No

If yes, how was the product handled and stored?

If via flight, how was the product handled?

☐ Hand-carried

☐ Checked-in luggage

Was the product transferred from one jar / tube to another for travel purposes?

☐ Yes (Please specify)

☐ No

I hereby confirm that the information provided herein is true and complete. I authorize Estee Lauder Malaysia to use the information furnished for product quality survey and product exchange / refund purposes only.

Signature :

Date :