

Province: MPUMALANGA

Region: NELSPRUIT/WITBANK

Collection Period

WEEK 4

| | |
|-----------------------------|-----------------|
| Name And Address Of Outlet: | Office Use Only |
| 9914946 | |
| TRUWORTHS (WITBANK - 354) | |
| New Shopping Centre | |
| Eadie Street | |
| Witbank | |
| 1021 | |

| Verify: | CPI Price Collector | | CPI Operations Manager | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Outlet name correct: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Address correct: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refusal: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-contact: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Revisit <input type="checkbox"/> Relocated <input type="checkbox"/> Temp. closed <input type="checkbox"/> Perm. closed <input type="checkbox"/> | | | | |

Changes To Name And/or Address Of Outlet:

| Completion Of Questionnaire: | | |
|------------------------------|-----------|----|
| Start Time: | End Time: | |
| | | |
| Instructions: | Yes | No |
| Use staff entrance: | | X |

CPI Price Collector:

Name: _____

Tel/Cell: _____

Signature: _____

Date: _____

Contact Person:

Name: STEPHANIE

Position: Store Manager

Tel/Cell: 073 -520 6287

Fax no: 013 -690 3896

Alternative Contact Person:

Name: ANDREW/ MPUMI

Position: 2ic

Tel/Cell: 013 -656 4231

| |
|---------------------------------------|
| Inconvenient Collection Time: |
| Month End: Monday, Tuesday And Friday |

| Office Use Only | OM | QC |
|--|--------------------------|--------------------------|
| A1 Total number of SPD forms | | |
| A2 Total number of Pricing forms | | |
| B1 Total number of possible errors on SPD form | 9 | |
| B2 Total number of possible errors on Pricing form | 6 | |
| C Total number of possible errors on Outlet Cover Page | 5 | |
| D Total number of possible errors = (A1 x B1) + (A2 x B2) + C | | |
| E Total number of errors on SPD forms, Pricing forms and Outlet Cover Page | | |
| Error percentage (E / D) x 100 | | |
| Control questionnaire printed for verification: | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

CPI Operations Manager:

Name: _____

Tel/Cell: _____

Signature: _____

Date: _____

CPI Quality Controller:

Name: _____

Tel/Cell: _____

Signature: _____

Date: _____