**FEED BACK FORM** DATE:

1. Do you receive SMS from AAMI? YES NO
2. Do you receive Emails from AAMI? YES NO
3. Please mention your Email ID incase if you are   
   not receiving Emails from AAMI.
4. Do you wish to take active participation in

AAMI’s activities? YES NO

1. What are your expectations from AAMI?

***NOTE: Your feedback is very important for us to serve you better and grow together.***

Full Name:   
Company:

Date:

Signature