

TESTIMONIAL FORM

Thank you for taking the time to complete our testimonial form.
We welcome any comment that will help others understand what our services are all about.

First Name:

Surname:

Company Name:

Email:

What do you like most about Your Plan Manager?

Please mention three other features that you liked about the product/service.

What would you improve about the product/service?

Would you like to add anything else?

I grant you the right and permission to publicly disclose my testimonial on the YPM website and YPM social media platforms.