



Ubi Soft

ENTERTAINMENT

CUSTOMER REGISTRATION CARD

Thank you for choosing Ubi Soft Entertainment product. We are always keen to improve our products and services; hence as a valued Ubi Soft Entertainment customer we ask you to complete this customer survey.

This survey has been compiled with the help of ICD Marketing Services Limited, a company specialising in this field. It is designed to provide us with a complete picture of the people who purchase UBI SOFT products and help us focus on meeting the needs of all our customers. It is important that we involve as many of our customers as possible, so please spare us a few minutes of your time to complete this survey

The questions are straightforward and you are under no obligation to answer them; some questions are about you and, if appropriate, your partner. Any information you provide will be treated with great care. It will be processed and held by ICD Marketing Services Limited, a company specialising in this field, and all information is safeguarded under the terms and conditions of the Data Protection Act.

Your answers will be used, both by ICD and ourselves, for analytical and marketing purposes and may be passed on to other organisations. They may wish to send you details of products and services that are likely to be of interest to you, based on your answers. If you would prefer not to receive this information, please tick the space at the end of this survey.

Section 1. Name and Address

1. Please give your name in the way you should be addressed.

Mr Mrs Miss
Ms Other

Forename _____

Surname _____

Address _____

Town _____

County _____

Postcode _____

Telephone 01 _____

E-mail _____

2. Name of product _____

3. Version

PC PSX N64

Other _____

4. Date of purchase

5. Marital Status

Single Married Divorced
Widowed

Partner's surname _____

Partner's forename _____

6. Your date of birth

7. Partner's date of birth

8. What sex are you? Male Female

9. If you are under 18 and live with your parent(s)/guardian, please state which.

Parent(s) Guardian

Section 2. About Your Purchase

1. Where did you purchase this Ubi Soft product?

Comet HMV
Dixons Toys 'R' Us
Electronic Boutique Virgin
Game
Other retailer (please specify) _____

2. How much did you pay for the Ubi Soft product?

Under £19.99 £40.00 - £49.99
£20.00 - £29.99 Over £50.00
£30.00 - £39.99

3. How many Ubi Soft products do you own?

First purchase Two - Three
One Over Four

4. If you own a PC, which of the following system(s) do you use?

P120 P233
P133 P266
P166 Pentium II
P200 MMX

Other (please specify) _____

5. Which of the following operating systems do you use?

MS DOS 5.0 MS-Windows 95
MS DOS 5.0 or above IBM OS/2
PC DOS IBM OS/2 Warp
DR-DOS MS-Windows for Work Groups
NOVELL DOS Windows 98
MS-Windows 3.1.1

6. Which 3D Graphics Card do you own?

- | | | | | |
|------------------|--------------------------|------------|--------------------------|---|
| 3DFX | <input type="checkbox"/> | Intel 1740 | <input type="checkbox"/> | 5 |
| 3DFX Voodoo 1 | <input type="checkbox"/> | Matrox ATI | <input type="checkbox"/> | 6 |
| 3DFX Voodoo 2 | <input type="checkbox"/> | Power FX | <input type="checkbox"/> | 7 |
| Graphics Blaster | <input type="checkbox"/> | S3 | <input type="checkbox"/> | 8 |

7. If you own a video game system, which of the following do you have?

- | | | | | |
|-------------|--------------------------|------------------|--------------------------|---|
| Gameboy | <input type="checkbox"/> | Nintendo 64 | <input type="checkbox"/> | 2 |
| Sega Saturn | <input type="checkbox"/> | Sony PlayStation | <input type="checkbox"/> | 4 |

Other _____

8. How many computers games would you say you buy in one year?

- | | | | | | | |
|-------|--------------------------|------|--------------------------|-------|--------------------------|---|
| 1-5 | <input type="checkbox"/> | 6-10 | <input type="checkbox"/> | 11-15 | <input type="checkbox"/> | 3 |
| 16-20 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

9. How did you find out about this product and which of the following most influenced your decision to buy?

- | | Found | Influenced to buy |
|---------------------------|--------------------------|--------------------------|
| Demo on a cover CD | <input type="checkbox"/> | <input type="checkbox"/> |
| Friend's recommendation | <input type="checkbox"/> | <input type="checkbox"/> |
| In-store demo | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet | <input type="checkbox"/> | <input type="checkbox"/> |
| Magazine advertisement | <input type="checkbox"/> | <input type="checkbox"/> |
| Magazine review | <input type="checkbox"/> | <input type="checkbox"/> |
| Retailer's recommendation | <input type="checkbox"/> | <input type="checkbox"/> |
| Special offer | <input type="checkbox"/> | <input type="checkbox"/> |
| TV/Radio | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

10. Which features of the Ubi Soft product do you like most? (Please tick three only)

- | | | | | |
|-----------|--------------------------|-----------------|--------------------------|---|
| Game play | <input type="checkbox"/> | Reputation | <input type="checkbox"/> | 4 |
| Graphics | <input type="checkbox"/> | Storyboard | <input type="checkbox"/> | 5 |
| Packaging | <input type="checkbox"/> | Value for money | <input type="checkbox"/> | 6 |

IMPORTANT - If you are under 18, please ask your parent/guardian to complete this section.

Section 3. About You

If you are the parent/guardian of an under 18, please state which:
 Father Mother Guardian

Please enter your full name:

Forename: _____

Surname: _____

11. Which of the following magazines do you read?

- | | | | |
|------------------------|--------------------------|-------------------------------|--------------------------|
| PC Titles | <input type="checkbox"/> | Console Titles | <input type="checkbox"/> |
| PC Format | <input type="checkbox"/> | Total PlayStation | <input type="checkbox"/> |
| PC Gamer | <input type="checkbox"/> | N64 | <input type="checkbox"/> |
| PC Zone | <input type="checkbox"/> | Official PlayStation Magazine | <input type="checkbox"/> |
| PC Review | <input type="checkbox"/> | PlayStation Plus | <input type="checkbox"/> |
| Ultimate PC | <input type="checkbox"/> | PlayStation Pro | <input type="checkbox"/> |
| Computing Gaming World | <input type="checkbox"/> | Official Nintendo Magazine | <input type="checkbox"/> |
| Edge | <input type="checkbox"/> | CVG | <input type="checkbox"/> |

12. Please indicate your areas of computing interests?

- | | | | | |
|-------------------|--------------------------|--------------|--------------------------|----|
| Action | <input type="checkbox"/> | RPG | <input type="checkbox"/> | 10 |
| Adventure | <input type="checkbox"/> | Simulation | <input type="checkbox"/> | 11 |
| Education | <input type="checkbox"/> | Strategy | <input type="checkbox"/> | 12 |
| Entertainment | <input type="checkbox"/> | War | <input type="checkbox"/> | 13 |
| Flight Simulation | <input type="checkbox"/> | Football | <input type="checkbox"/> | 14 |
| Home Creativity | <input type="checkbox"/> | Golf | <input type="checkbox"/> | 15 |
| On-Line | <input type="checkbox"/> | Racing | <input type="checkbox"/> | 16 |
| Platform | <input type="checkbox"/> | Tennis | <input type="checkbox"/> | 17 |
| Puzzle | <input type="checkbox"/> | Other Sports | <input type="checkbox"/> | 18 |

13. If you have called Ubi Soft Technical Support, how satisfied were you with it?

- | | Very satisfied | Generally satisfied | Generally dissatisfied | Very dissatisfied |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Time taken to answer the phone when you called | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time taken to answer or resolve your enquiry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge staff had about products and services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude and politeness of staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Was your enquiry resolved to your satisfaction?

- Yes No

15. Would you like to receive more information about Ubi Soft?

- Yes No

LEISURE / MOTORING

1. Which of the following newspapers do you read?

- | | | | | | |
|-----------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|
| Daily Mail | <input type="checkbox"/> | <input type="checkbox"/> | Financial Times | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Mirror | <input type="checkbox"/> | <input type="checkbox"/> | Guardian | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Star | <input type="checkbox"/> | <input type="checkbox"/> | Independent | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Telegraph | <input type="checkbox"/> | <input type="checkbox"/> | Sun | <input type="checkbox"/> | <input type="checkbox"/> |
| Express | <input type="checkbox"/> | <input type="checkbox"/> | Times | <input type="checkbox"/> | <input type="checkbox"/> |

2. Which of the following do you enjoy on a regular basis?

- | | | | | | |
|--------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Antiques/Fine Art | <input type="checkbox"/> | <input type="checkbox"/> | Football Pools | <input type="checkbox"/> | <input type="checkbox"/> |
| Betting | <input type="checkbox"/> | <input type="checkbox"/> | Further Education | <input type="checkbox"/> | <input type="checkbox"/> |
| Bingo | <input type="checkbox"/> | <input type="checkbox"/> | Gardening | <input type="checkbox"/> | <input type="checkbox"/> |
| Books | <input type="checkbox"/> | <input type="checkbox"/> | Going to the Pub | <input type="checkbox"/> | <input type="checkbox"/> |
| Competitions | <input type="checkbox"/> | <input type="checkbox"/> | Photography | <input type="checkbox"/> | <input type="checkbox"/> |
| Cookery | <input type="checkbox"/> | <input type="checkbox"/> | Religious Activities | <input type="checkbox"/> | <input type="checkbox"/> |
| Crosswords/Puzzles | <input type="checkbox"/> | <input type="checkbox"/> | Sewing/Needlecraft | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Affairs | <input type="checkbox"/> | <input type="checkbox"/> | Theatre/Arts | <input type="checkbox"/> | <input type="checkbox"/> |
| Do It Yourself | <input type="checkbox"/> | <input type="checkbox"/> | Voluntary Work | <input type="checkbox"/> | <input type="checkbox"/> |
| Fashion | <input type="checkbox"/> | <input type="checkbox"/> | Wines | <input type="checkbox"/> | <input type="checkbox"/> |

3. Do you enjoy reading romantic fiction? (e.g. Mills & Boon)

- You Partner

4. How many cars are there in your household?

- One Two Three +

5. For your private car(s), in which month did your car insurance cover begin? (Please write in month e.g. S E P T)

You: Month: _____ Ptnr: Month: _____

YOUR HOME

6. What type of home do you live in?

- Detached House Semi-detached Terraced House
 Flat/Maisonette Bungalow

7. Is your home:

- Owned Privately Rented Council Housing Ass.

8. Are you planning to move home in the next 12 months?

- Yes No Possibly

9. If yes, will you be arranging a mortgage?

- Yes No Please tick if first time buyer

10. Are you considering either of the following home improvements?

- Double glazing Fitted kitchen

11. If you have household insurance, in which month do you renew your cover? (Please write in month e.g. S E P T)

Home Contents Insurance _____

Buildings Insurance _____

12. Do you make international telephone calls from home?

- Frequently Occasionally Never

13. Do you have or are you considering a mobile phone on any of the following networks?

- | | | |
|--------------------|--------------------------|--------------------------|
| | Have Cons | Have Cons |
| Cellnet | <input type="checkbox"/> | <input type="checkbox"/> |
| Mercury One-to-One | <input type="checkbox"/> | <input type="checkbox"/> |
| Orange | <input type="checkbox"/> | <input type="checkbox"/> |
| Vodafone | <input type="checkbox"/> | <input type="checkbox"/> |

14. Do you have, or are you considering any of the following computer purchases?

- | | | |
|------------|--------------------------|--------------------------|
| | Have Cons | Have Cons |
| PC Pentium | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet | <input type="checkbox"/> | <input type="checkbox"/> |
| Modem | <input type="checkbox"/> | <input type="checkbox"/> |
| CD Rom | <input type="checkbox"/> | <input type="checkbox"/> |

MONEY & INVESTMENTS

15. Are you considering changing your Bank or Building Society current account?

- Yes Possibly No

16. Do you currently, or would you consider banking by telephone / direct?

- Already do Would consider

17. Do you / your partner have any of the following credit cards? (Please tick all that apply)

- Credit Card Charge Card Store Card
 Gold Card Considering a credit card

18. Do you pay your monthly credit card balance in full?

- | | | | | |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|
| | You | Ptnr | You | Ptnr |
| Always | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Usually | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Rarely | Never | | |

19. Do you have or are you considering any of the following investments or financial provisions? (Please tick all that apply)

- | | | |
|----------------------------|--------------------------|--------------------------|
| | Have Cons | Have Cons |
| Deposit Account | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| PEP (Personal Equity Plan) | <input type="checkbox"/> | <input type="checkbox"/> |
| Stocks/Shares | <input type="checkbox"/> | <input type="checkbox"/> |
| Will | <input type="checkbox"/> | <input type="checkbox"/> |

20. Would you consider professional help in arranging your personal finances?

Yes 1 No 2 Unsure 3

21. Do you foresee the need for a personal loan?

Yes 1 Possibly 2 No 3

22. If you have a mortgage, or loan, would you be interested in ways of reducing your monthly repayments?

Mortgage 1 Loan 2

SHOPPING

23. Have you in the past or would you consider buying goods by mail / over the telephone?

Fashion 1 Music 4

Books 2 Vitamins/Health Supplements 5

Garden Products 3 Other 6

24. Do you buy American whiskey?

You 1 Partner 2

25. If you smoke please write in the name of the cigarette brand you and / or your partner smoke most often.

You

Partner

Important: Please sign below that you are a smoker aged 18 or over.

Your signature

Partner's signature

GENERAL INFORMATION

26. What is your occupation?

	You	Ptnr	You	Ptnr	
Director	01 <input type="checkbox"/>	15 <input type="checkbox"/>	Public Sector	08 <input type="checkbox"/>	22 <input type="checkbox"/>
Manager	02 <input type="checkbox"/>	16 <input type="checkbox"/>	Professional	09 <input type="checkbox"/>	23 <input type="checkbox"/>
Self-Employed	03 <input type="checkbox"/>	17 <input type="checkbox"/>	Armed Forces	10 <input type="checkbox"/>	24 <input type="checkbox"/>
Skilled Worker/Trade	04 <input type="checkbox"/>	18 <input type="checkbox"/>	Student	11 <input type="checkbox"/>	25 <input type="checkbox"/>
Manual Worker	05 <input type="checkbox"/>	19 <input type="checkbox"/>	Housewife/Homemaker	12 <input type="checkbox"/>	26 <input type="checkbox"/>
Office Worker	06 <input type="checkbox"/>	20 <input type="checkbox"/>	Retired	13 <input type="checkbox"/>	27 <input type="checkbox"/>
Shop Worker	07 <input type="checkbox"/>	21 <input type="checkbox"/>	Unemployed	14 <input type="checkbox"/>	28 <input type="checkbox"/>

27. What is your approximate family income each year?

Under £5,000	1 <input type="checkbox"/>	£25,000-£29,999	6 <input type="checkbox"/>
£5,000-£9,999	2 <input type="checkbox"/>	£30,000-£39,999	7 <input type="checkbox"/>
£10,000-£14,999	3 <input type="checkbox"/>	£40,000-£49,999	8 <input type="checkbox"/>
£15,000-£19,999	4 <input type="checkbox"/>	£50,000-£59,999	9 <input type="checkbox"/>
£20,000-£24,999	5 <input type="checkbox"/>	Over £60,000	0 <input type="checkbox"/>

28. Please write in your children's date(s) of birth, starting with the oldest, and indicate whether male or female.

				Male	Female
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

29. Is anyone in your household affected by any of the following?

	You	Ptnr	Other
Asthma	01 <input type="checkbox"/>	06 <input type="checkbox"/>	11 <input type="checkbox"/>
Diabetes	02 <input type="checkbox"/>	07 <input type="checkbox"/>	12 <input type="checkbox"/>
Hayfever	03 <input type="checkbox"/>	08 <input type="checkbox"/>	13 <input type="checkbox"/>
Hearing Loss	04 <input type="checkbox"/>	09 <input type="checkbox"/>	14 <input type="checkbox"/>
Mobility problems	05 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>

30. If you have private medical insurance, when do you renew your cover?

(Please write in month e.g. | S | E | P | T |) Month:

PLEASE
AFFIX
STAMP
HERE

(Please do not send products or correspondence to this address)

UBI SOFT
P.O. Box 903
Bristol
BS99 5ND

Please Only Affix Tape Here

Thank you for completing this questionnaire. All information will be treated under the terms of the Data Protection Act. As already mentioned Ubi Soft & ICD may make your information available to other respected organisations who may wish to send you offers of products and services. Please tick here if you would prefer not to participate in this offer (). If you have any comments or queries about the products and services of Ubi Soft or the services of ICD Marketing Services Limited, please write to Ubi Soft, Vantage House, 1 Weir Road, Wimbledon, London SW19 8UX or ICD Marketing Services Limited, Garden Floor, Bain House, 16 Connaught Place, London W2 2EP.

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HOW TO RETURN FORM: FOLD SURVEY IN THREE, AFFIX A STAMP AND ADHESIVE TAPE WHERE MARKED AND POST.