

Associate Name: _____

Duration: _____ to _____

A) Activity Review *Refer to ACT System for details report*

Activity Review							
Tel	App	Pst	Cls	Referral	Services	Trainings	Meetings
Activity Analysis		App / Tel:		Pst / App:		Cls / Pst:	

Seek & Comment on last week activities

B) Identify the Potential & Resources if any and give proper advice

C) Last Week Sales Performance Review

Category	Performance		Remark
	Sales	Cases	
Life			
Takaful			
Funds			
Mortgage Loan			
SME Loan			

D) Action Plan - Assign task if any & assist to plan for the next week activity