

Sadeem Service Request Notification

Restriction change* Expired* Cancelled (no more needed) * Damaged* Lost/Stolen

Need a replacement? No Yes (If Yes, please fill in a form for a new card)

Name: _____ CPR / CR#: __ Tel.: _____

Fax# _____ Mobile No. _

Details of Features need to be changed

*The Card MUST be attached with this Form

| No | Card Number | Name on Card | Vehicle Registration (Old.) | Vehicle Registration (New) | Fuel type | Purchase limitations Per month | Mileage Reading |
|----|-------------|--------------|-----------------------------|----------------------------|-----------|--------------------------------|-----------------|
| 1 | 789694 - | | | | | | |
| 2 | 789694 - | | | | | | |
| 3 | 789694 - | | | | | | |
| 4 | 789694 - | | | | | | |
| 5 | 789694 - | | | | | | |
| 6 | 789694 - | | | | | | |
| 7 | 789694 - | | | | | | |
| 8 | 789694 - | | | | | | |
| 9 | 789694 - | | | | | | |
| 10 | 789694 - | | | | | | |
| 11 | 789694 - | | | | | | |
| 12 | 789694 - | | | | | | |

I/we confirm that I am authorized to apply for the above changes and I or my organization will not hold Sadeem responsible if the changes requested are not correct. I further agree to the payment of any fees (if any)

Signed..... Position.....

Name..... Date.....

For Sadeem Use Only:

Received by:..... Date..... Service No:.....