



REQUEST FOR REVISION OF CONTRACTED CAPACITY

Documents Required:

- Authorization letter for Geneco to submit Contracted Capacity revision request.

TO: CUSTOMER EXPERIENCE

Fax: 6363 6600

Hotline: 6363 6688

email: contact@geneco.sg

Company Name : _____

Contact Name : _____

Contact Number (Mobile) : _____

Contact Number (Office/ Others) : _____

Fax Number : _____

Email : _____

We understand that we are required to give at least 15 business days' notice for applications for upward revision of CC, and at least 10 business days' notice for applications for downward revision of CC. Effective date of the revision is subjected to the nature of the revision i.e. upwards or downwards revision that is stipulated in the Agreement. Until such time the application for change of contracted capacity is approved by SP Services Ltd, the current contracted capacity will continue to apply.

We acknowledge that Geneco is not liable for any damages or costs of any type due to errors or delays in the approval of this revision request.

Name & Designation

Company Stamp

Signature

For Official Use Only

Date of Application Received: _____

Account No: _____

Verified by: _____