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LUCY INSURANCE (S.C)

Date: 04/08/2025

## Maintenance Request Form

Division: \_\_\_\_\_ Department: \_\_\_\_\_ Branch: Head Office

| Ser No. | Description of Item | Tag No. | Type of Problem             | Date Problem Detected | Action Required |
|---------|---------------------|---------|-----------------------------|-----------------------|-----------------|
| 1       | Scanner Number 2    |         | I can't fucking get it<br>1 | 04/08/2025            |                 |

Requested by

Approved by

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

### Action Taken by HR & Logistics Division

☐ Request Approved ☐ Rejected

Description of Corrective Action taken:

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Owner of Action Process