Capital One Change Request Form

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CR-029 (assigned by Change Management Administrator) • This form is to be used for all Change Requests between Capital One and the Managed Services Provider.														
 This form is to be used for all Change Requests between Capital One and the Managed Services Provider. This form is intended for on-line use. Each form field will expand to accommodate the necessary information. 														
To Be Completed by Requestor/Manager														
	Requestor							_						
	Capital One Manager	Sohail Mall	√lall			ne (437-	229	-6285) E- mail sohail.mall			ail.mall@cap	italone.	com	
	Capital One Red Supplier Reques				Capital	On	e Call Type							
		Scope/SOW, inc		a Pricina	\boxtimes	Applic	atio			1	Documenta	ition [1	
		Training		<u>g :</u>	П	Specia				1	Other	Γ	-	
		Call Duration Change								onthly s		et .		
	Change To	Can Duration Ci		Staffing - not included in monthly staffing forecast (must complete Staffing Section, below)										
		Call Volume												
		Volume Decrease:												
Nam	Name of Change Price Adjustment to Elevation Rate													
						from \$3	7.84	1 to \$40.	49					
			Increase the Elevations bilingual rate from \$37.84 to \$40.49											
		Effective as of the	Effective as of the date of the last signature below, Section 3.2 Hourly Charges in Exhibit 3 (Charges) the											
	Description of	Billable Hour Tabl			_									
	Change	clarification, only		-				, 56		(0, 12	γσ φσσ	σ το φ . ·		.
	Citarige	ciarification, only	tilis c	inc rate v	WIII DC	aujuste	u.							
	Supplier													
Comn	nents (other													
	ess impacts)													
Just	tification for	Adjusting the ra	te up	allows C	Conce	ntrix flex	ibili	ty in pro	vidir	ng incer	tive to the A	gents (e	e.g. rate	increases,
	Change	commissions) to perform the more demanding Elevations work.												
		Request Date: J												
	Schedule	· ·	•	•										
	Туре	Temporary				Permanent X								
Servi	ice Location	City: Moncton			St	State/Province: NB				Country: Canada				
		Oity: Micriotoff				sociate					-			
Equip	ment Costs	NA												
	Other Costs	NA												
				Additi	onal	Staffing	a R	equirer	neni	ts				
S	taffing Type	Per	Incide	ent CA		Γ					Project Hourly	y Positic	ons	
		# of Positions (if									of Positions			
				Start date							Start date			
				Day Shift							End date			
				er Hours							or Day Shift			
		AC request must a			eted f	or new	hire	s.		# for A	After Hours			
Position Requirements (check all applicable)								110 0:4		- O-b				
	Sales queue Customer Relations queue			☐ Phone Support ☐ e-Mail Support			믬			zens Only n Citizens Only				
	Contact Administrator			Chat Support			+			es Citizens Only				
	Project Work			☐ Web Support			廾			ual (List Languages needed) English and French				
	Other (Describe in Comments)			Token Processing			퓜				(describe in (2.10 1 1011011
	f phone suppo				. 2 3 3 3 6	9	<u> </u>	2300111)	, 510		, 30001100 111	_ = =	,	

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Staffing Comments	Not Applicable
Special Requirements	
Hardware Products	Not Applicable
Supported	
Software Products	Not Applicable
Supported	
Required Skills	Not Applicable
Required Certifications	Not Applicable
Required Professional	Not Applicable
Experience / Tenure	
Required Tasks to be	Not Applicable
performed	
Application/Industry	Not Applicable
Knowledge Required	

Capital One Concentrix Technologies Services (Canada) Limited Concentrix Technologies Services (Canada) Limited Concentrix Technologies Services (Canada) Limited Docusigned by: White Mileson Capital One Authorized Representative (Signature) Holly Jackson Capital One Authorized Representative (printed name) July 28, 2020 Date Vice President, Card Operations Director, Legal Counsel Title

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