Capital One Change Request Form

| CR-031 (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 intended for on-line use. Each form field will expand to accommodate the necessary information. | | | | | | | | | | | | | |
| To Be Completed by Requestor/Manager | | | | | | | | | | | | | |
| Requestor | Amit Son | nilal | | Phone (4 | 16) 816-7639 E | - mail amit.sonnilal@capitalone.com | | | | | | | |
| Capital One Manager | Sohail M | all | | Phone (4 | 37) 229-6285 E | E- mail so | - mail sohail.mall@capitalone.com | | | | | | |
| Initiated By | Capital One Request Supplier Request | | | Сар | ital One Call Type | | | | | | | | |
| | Scope/SOW, including Pricing | | | | plication | | Docume | ntation [| | | | | |
| | Training | | | ☐ Sp | ecial Project | | Other | [| | | | | |
| Change To | Call Duration Change | | | Staffing - not included in monthly staffing forecast | | | | | | | | | |
| Onlange 10 | | · · | | (must complete Staffing Section, below) | | | | | | | | | |
| | | Call Volume Volume Decrease: | | | | | | | | | | | |
| Name of Change | Q4 2020 Target Setting for SOW CW80384 | | | | | | | | | | | | |
| | CS in comp VICE LEV | targets for 4 pliance with ELS, TOMER SE | section | | | | | | | | | | |
| | СТQ | October | Nove | ember | December | BAU | Target | | | | | | |
| | | Branded-340 | Bran | ded-340 | Branded-340 | Brand | ded-350 | | | | | | |
| Description of Change | АНТ | Costco-360 | Costco-355 | | Costco-340 | Costo | co-340 | | | | | | |
| | | HB-325 | HB-325 | | HB-325 | HB- 3 | HB- 330 | | | | | | |
| | | Branded- 45 | Branded- 45 | | Branded-45 | Brand | ded-44 | | | | | | |
| | NPS | Costco-35 | Costo | co-38 | Costco-40 | Costo | co-40 | | | | | | |
| | | | | | | HB- 7 | 70 (CSAT) | | | | | | |
| | | | | | | | | | | | | | |
| Supplier Comments (other business impacts) | | | | | | | | | | | | | |
| Justification for Change | Target Setting for 4th quarter 2020 in compliance with section 2.3 (a) of Annex 2-A to Exhibit 2 Service Levels, Performance Incentives and Service Level Credits for Customer Service | | | | | | | | | | | | |
| Schedule | Request Date: October 8, 2020 | | | | | | | | | | | | |
| Туре | Tempo | orary X | | Permanent | | | | | | | | | |
| Service Location | City: N | City: Moncton State/Province: NB Country: Canada | | | | | | | · <u></u> | | | | |

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| | | | Associate | d Costs | | | | | | |
|--|--------------------------|---|--|---|-----------------------------------|---------------|--|--|--|--|
| Equipment Costs NA | | | | | | | | | | |
| Other Costs NA | | | | | | | | | | |
| | | Addition | al Staffin | g Requirer | ments | | | | | |
| Staffing Type | | ncident CA | | | Project Hourly Positions | | | | | |
| # of F | ositions (if applicable) | | | | # of Positions | | | | | |
| | Start date | | | Start date | | | | | | |
| | | Day Shift | | | End date | | | | | |
| NOTE MAD | After Hours | 1.0 | <u>.</u> | # for Day Shift | | | | | | |
| NOTE: a MAC requ | | | ea tor new | nires. | # for After Hours | | | | | |
| Position Requirements (c ☐ Sales queue | песк ан ар | Phone Sup | nort | | tizana Only | | | | | |
| Customer Relations que | ıμα | e-Mail Supp | | U.S. Citizens Only Canadian Citizens Only | | | | | | |
| Contact Administrator | ue | ☐ Chat Suppo | | ☐ Philippines Citizens Only | | | | | | |
| Project Work | | ☐ Web Suppo | | | | nglish and Fr | | | | |
| Other (Describe in Com | ments) | ☐ Token Processing | | Security Clearance (describe in Comments) | | | | | | |
| off phone support to front line | | | | | | | | | | |
| | | | | | | | | | | |
| Staffing Comments | Not Appli | cable | | | | | | | | |
| Special Requirements | | | | | | | | | | |
| | | Applicable | | | | | | | | |
| Supported | | | | | | | | | | |
| Software Products | Applicable | | | | | | | | | |
| Supported Required Skills | Not Appli | cable | | | | | | | | |
| Required Certifications | Not Appli | | | | | | | | | |
| Required Professional | Not Appli | | | | | - | | | | |
| Experience / Tenure | i tot / tppii | oab.o | | | | | | | | |
| Required Tasks to be | Not Appli | pplicable | | | | | | | | |
| performed | | | | | | | | | | |
| Application/Industry | Not Appli | cable | | | | | | | | |
| Knowledge Required | | | | | | | | | | |
| | | | | | | | | | | |
| | | APPROVED A | AND AGR | REED TO: | | | | | | |
| Capita | l One | | Concen | trix Techno | logies Services (Canada) Limite | ed he | | | | |
| Jupitu | . 0110 | | 00110011 | unx roomio | logico del video (Gariada) Elimic | <i>,</i> | | | | |
| D | | | | | De cooline of hor | | | | | |
| | uSigned-by: | | | | DocuSigned by: | | | | | |
| Holl | L | | | Wendy Wilson | | | | | | |
| Capital One Authorized Repr | | - 14De1243A4824CF Concentrix - Authorized Representative (Signature) | | | | | | | | |
| | | , | | | , | | | | | |
| но11 | 1 | _ Wen | Wendy Wilson Concentrix Authorized Representative (printed name) | | | | | | | |
| Capital One Authorized Repr | rinted name) | | | | | | | | | |

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Vice President, Card Operations

<u>Director, Corporate Counsel</u>

Title

Date

October 20, 2020

October 20, 2020

Date

Title