



KOJO AUTO SERVICE CENTER



LAGOS:

1, Moshalashi Street,
Off Western Avenue,
By Ipori Bridge Alaka Surulere, Lagos.
Tel: 08077692625, 08077692662,
08077692633

ABUJA:

Plot 1209 Shehu Yar'Adua Way
Mabushi Near VIO, Abuja FCT.
Tel: 08077692630, 08067779150,
09-2911234

BENIN:

45, Agbor Road, Ikpoba Hill,
Benin City, Edo State.
Tel: 08077692641, 08077692644

PORT-HARCOURT:

Plot 117, Trans-Amadi Layout
Port Harcourt, Rivers State.
Tel: 08077692621, 08077692631,
07037823937

AWKA:

Plot C5 and C6 Agu-Akwa
Layout Akwa Anambra State
Tel: 08077692640, 08077692610

JOB INSTRUCTION

| | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Customer Name/ID: NIGERIA BULK ELECTRICITY TRADING / KJ127063 | Date: 07th Feb, 2022 |
| Organization: NIGERIA BULK ELECTRICITY TRADING | Reg. No: ABC 78 RN |
| Vin/Chasis No: RKLBL9HEXG5253718 | Odometer Reading: 77,708KM |
| Phone Number: 08032248415 | E-mail: |
| Vehicle Make: Toyota Corolla | Model Number: ZRE173L-GEXDKV |
| Address: 2ND & 3RD FLOORS,NIGERIA ELECTRICITY REGULATORY COMMISSION BUILDING PLOT 1387, CADASTRAL ZONE ABU | |

| Item Description | Quantity |
|------------------|----------|
| ENGINE OIL | 5 |
| OIL FILTER | 1 |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| | | Additional Job Completion: <input type="checkbox"/> Value: <input type="checkbox"/> Project Estimate/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/> | |
| 1 <input type="checkbox"/> Cleanliness (Exterior/Interior): <input type="checkbox"/> <input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/> <input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/> <input type="checkbox"/> Clock Adjustment / Radio Setting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notification: <input type="checkbox"/> | 2 Signed 1 Date: _____ Time: _____ Signed 2 Date: _____ Time: _____ | Job Details Explanation: <input type="checkbox"/> Fee Explanation: <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> Walk-Around Check: <input type="checkbox"/> Fixed: <input type="checkbox"/> Level Up: <input type="checkbox"/> No Fixed: <input type="checkbox"/> PSFU(Plan): <input type="checkbox"/> | Delivery: Date: _____ Time: _____ Customer: _____ |
| Change of Delivery Time: Additional Jobs /Job Stoppage/Others Completion Changed: _____ | | Job Time: Job Start: Date _____ Time _____ Job Completion: Date: _____ Time: _____ | |
| Other Findings : _____ | | Actual Hours Clock: _____ | Technician Name: _____ Quality Control Staff: _____ |
| Job Completion Notification: Date: _____ Time: _____ | | Delivered to Owner / Family / Other (_____) | |
| P.S.F.U. (Plan): Date: _____ Time: _____ | | Contact Info: Telephone No: _____ (Home/Business/Mobile) Email: _____ | |
| P.S.F.U (Actual): Date: _____ Time: _____ | | Customer: Owner / Family / Other (_____) | |
| P.S.F.U (GJ) : <input type="checkbox"/> Fixed <input type="checkbox"/> Followup Status (Follow up Again) Date: _____ Time: _____ <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____ | | Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: SAMUEL YUSUF FUNDA | |