

KOJO AUTO SERVICE CENTER



LAGOS:

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

Item Description

ENGINE OIL

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:

Quantity

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:	RINGARDAS NIG LIMITED / KJ239187	Date:	14th Mar, 2022			
Organization:	RINGARDAS NIGERIA LIMITED	Reg. No:	ABC 723 LZ			
Vin/Chasis No:	JTMZD9EVXOD106467	Odometer Reading:	65814KM			
Phone Number:	08169621087	E-mail:	Anthony.ugwu@ascanigeria.com			
Vehicle Make:	Toyota RAV 4	Model Number:	ZSA42L- ANYXK			
Address: 49, MAMMAN NASIR, STREET, ASOKORO, ABUJA						

OIL FILTER		1			
		Additional Job Completionn : □ Value : □ Project Estimatew/Explanationr: □ Car Was Needed? : □ Replaced Part Keep: □			
☐ Cleanness (Exterior/Interior):☐ Da Courtesy Items Removal:☐ ☐ Outer Mirror Position / Seat Position:☐ ☐ Clock Adjustment / Radio Sitting:☐ ☐ Job Completion Notificxation:☐ Da	igned 1 ate: me: igned 2 ate: me: me:	Job Details Explanation : Fee Explanation : Result Confirmation with Customer: Walk-Around Check :	Fixed: □ Level Up: □ No Fixed: □ PSFU(Plan) □	Delivery: Dtae: Time: Customer:	
Change of Delivery Time:		Job Time:			
Additional Jobs /Job Stoppage/Others		Job Start: Date Time			
Completion Changed:		Job Completion: Date: Time:			
Other Findings:		Actual Hours Clocked:	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):		Customer: Owner / Family / Other ()			
Date: Time	Olaff Name of				
P.S.F.U (GJ):		Staff Name:			
☐ Fixed ☐ Followup Status (Follow up Again	Confirmed By:				
Date: Time: Date: Not Fixed (Appointment Date/Time)	Supplied By: Issued By: Order By: OGHALE GIFT USIAKPENEBRO				
Date: Time:					