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| SERVICE REQUEST FORM | | For IDQ use only SR No.: IDQ-2024SR-_____ | |
| ATD- Advanced Technology Department Electrical System Testing Services (1) | | Obra No.: _____ EMED Ref. No.: EMED-WO-_____ Version: IDQ-Q-202401 | |
| Client: | | P.O. No. (If applicable): | |
| Address: | | Tel: | |
| E-Mail: | | Fax: | |
| Project name: | | Contact person: | |
| Location: | | Site contact person: | |
| Inspection standard: <input type="checkbox"/> GB/T 16895.23-2020 <input type="checkbox"/> IEC 60364-6:2016 <input type="checkbox"/> GB 50303-2015 | | | |
| Report Title: <input type="checkbox"/> Same as 「Client」 <input type="checkbox"/> _____ | | Report Language: <input type="checkbox"/> CHINESE <input type="checkbox"/> ENGLISH | |

| Price list item no. | Test items | Unit price | Quantity | Amount |
|---------------------|-----------------------------------------------------------------------------------------------------------------|----------------------|----------|--------|
| 6.1.4 | RCD Residual Operating Current and Disconnection Time Test (per day) | \$5,000.00 | | |
| 6.1.5 | Overtime Additional Charge (1 person .hour) | \$500.00 | | |
| 6.1.6 | Saturday, Sunday, Public Holiday or Government Holiday Additional Charge | 50% of Basic Charge | | |
| 6.1.7 | Labor Holiday Additional Charge | 100% of Basic Charge | | |
| 6.1.8 | Attendance fee (applicable to the case which attended to the site but the conditions are not available to test) | \$500.00 | | |
| | | | | |
| For IDQ use only | | Discount : | % | |
| | | Total : | MOP | |

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| Remark : | NOTE : ALL SERVICES ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE PRICE LIST AND REMARKS (6.1.4). |
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| For IDQ use only | AD contact person: _____ | <input type="checkbox"/> Cannot provide the related service |
| | Contact person: _____ | |

**By signing this SRF, you are aware of and agree to comply with the conditions of service and corresponding remarks in the " IDQ Service Price List" and are bound by them.

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|---------------------------------------------------------------------|---------------------------|---------------------------|----------------------------|
| Client's acceptance: Signature & company stamp: Date: | Received by: Date: | Approved by: Date: | Confirmed by: Date: |
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