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JALTEST DISTRIBUTOR CHANGE REQUEST

This document hereby states that Mr./Mrs./Ms. _____ with Id. Number _____
_____, for and on behalf of the company _____ with TAX Id. _____
Number _____ and having its business place at _____,
hereby requests that the services of his/her Jaltest Diagnostics tool, currently subscribed to Jaltest
Distributor _____ are henceforth managed by Jaltest Distributor _____.

REASONS: (Please, state the reasons for requesting the change)

Mr./Mrs./Ms.
(Authorized representative of)

Signed: