Revision - classification of support and assistance services

Date :	
Madam, Sir,	
·	cation of services according to the classification revision inderstanding No. 1 of FFARIQ's Group agreement with
- · · · · · · · · · · · · · · · · · · ·	this request should be transmitted to a senior executive n charge for the analysis of this request and make the
,	from the date I received this classification. In the nexhich I request a revision of the classification.
	article 4, I have the right to be ear et to be accompanied on. Please allow appropriate notice periods.
While awaiting to present my observatio your attention.	ns regarding the motives of my request, I thank you for
Regards,	
First and last name:(Print letters)	
Resource name:(Print letters)	
Signature:	
Telephone number: () –	

DESCRIPTOR	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)
MOTIVES :		
WOTIVES.		
DESCRIPTOR	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)
DESCRIPTOR	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)
	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)
DESCRIPTOR MOTIVES:	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)
	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)
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	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)
	CHALLENGED ACTION (nº)	SUGGESTED ACTION (nº)

Refers to the classification of support and assistance services [Part 2, Section 2 (c. S-4.2, r. 3.1)] and the letter of understanding no1 signed between FFARIQ, UES-800 and the MSSS.