



SERVICE REQUEST

| | |
|--------------------------------------------------|----------------------------------|
| Name of affected Customer/Company* | Click or tap here to enter text. |
| Name of affected Site/Vessel (IMO Number) * | Click or tap here to enter text. |
| Affected Unit / Block / Product * | Click or tap here to enter text. |
| Unit/Serial# | Click or tap here to enter text. |
| Current location / Street/City/Zip/ (LAT/LON) * | Click or tap here to enter text. |
| Country* | Click or tap here to enter text. |
| | |
| Name of your Company* | Click or tap here to enter text. |
| Your first Name, Last Name* | Click or tap here to enter text. |
| Your Email* | Click or tap here to enter text. |
| Your phone number with country code* | Click or tap here to enter text. |
| | |
| Subject* | Click or tap here to enter text. |
| Problem Description / any pertinent Information* | |
| Click or tap here to enter text. | |
| | |
| Customer expectation* | |
| Click or tap here to enter text. | |
| | |
| Case Type* | Choose an item. |
| Fault Category* | Choose an item. |
| Fault Code* | Click or tap here to enter text. |
| Severity / Current operational status* | Choose an item. |
| Is Unit/equip under warranty? * | Choose an item. |
| Problem Detected Date* | Click or tap here to enter text. |
| Customer Want Date* | Click or tap here to enter text. |

*Mandatory information for case creation

Directions to handle this Form

Please fill in all mandatory fields as accurate as possible (if applicable). Print this file to pdf, then email to: escs.pcs@gevernova.com

You will be provided with a confirmation of your case number after case creation.

Keep the provided case number handy for your reference in case of any questions along with referencing this number in future communications.