

[organization name]

## Appendix 8 – Record of Servicing Activities

Customer information		
Name		
Address		
Telephone		
Contact person		
Servicing activity		
Product name:		
Reference number:		
Reason for servicing:		
Reference number (if applicable):		
Servicer name:		
Results of the servicing		
<input type="checkbox"/> Reference number correct	<input type="checkbox"/> Reference number correct	<input type="checkbox"/> Reference number correct
Additional actions needed	Yes/No	Activity description

**Commented [134851]:** E.g. Servicing procedures, reference materials, and reference measurements.

**Commented [134852]:** Check the appropriate box.

[job title]

[name]

\_\_\_\_\_  
[signature]