**QA EVALUATION SIGN-OFF**

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| **A. Product Information** | | | | |
| Customer Request ID #: LIVE: Unable to Reset Password (Req. ID# 239) | | | | Redmine ID #: 1942 |
| Project Name: AGRO INTERNET BANKING | | | | |
| Module Name: RIB>Access control – forgot my password | | | Module Version #: SUPPORT | |
| **B. Project Team** | | | | |
| Project Manager: | **Tan Lee Lee** | | | |
| Developer: | **Alwi Husada** | | | |
| **C. QA Team** | | | | |
| Tester Name: Norhaidah Dasuki | | | Submit Date: 8/2/2013 | |
| Proof of Compliance: | | Testing Checklist completed  Test Results attached. | | |
| **D. Sign-Off Section** (Test Team Leader) | | | | |
| This system conforms to QA requirements. | | | | |
| Comment:  Test done as per requirement. | | | Name/Position: Norhaidah Dasuki / QA Manager  Date: 8/2/2013 | |