

PROJECT CHANGE REQUEST FORM

Project Name: Customization on Maxis Pinless

Prepared by: Jelson Low

Date : 14/09/2010

Change Request No.: IBSCR019

1. Requestor Information

Fill in with appropriate information or place an "X" next to those that apply:

Area of Change:

Scope [X]

Schedule []

Budget []

Quality []

Is this Change the result of a Risk Management Action?

No []

Yes []

Risk ID:

Scope of Change:

Information Site GUI	[]	BVMC	[]	CIB Reports	[X]
Information Site Tools	[]	CORUS	[]	BIB Reports	[X]
Content	[]	CIB Demo	[]	BIB User Guide	[]
Database	[]	BIB Demo	[]	CIB User Guide	[]
ESB	[]	OnlineApps IBG Core	[]	BVMC User Guide	[]
CIB	[X]	BIB	[X]	Others	[]

Proposed Change Description and References:

Provide information below concerning the requested change. Create links to any supporting documentation

Description:

EPay Maxis Hotlink product to offer PINLESS service only. Mobile number (Bill Account Number) is now mandatory.

Justification:

Hyperlinks:

Impact of Not Implementing:

Proposed Change:

Alternatives:

Initial Review Date:	Assigned To:
<i>Action</i>	<i>Comments</i>
Approval for Impact Analysis []	
Reject []	
Defer Until []	
Express Approval []	

3. Initial Impact Analysis

Baselines Affected:

Configuration Items Affected
 (e.g product specifications):

Cost / Schedule Impact Analysis Required? (check one) Yes [] No []

Impact on Cost:

Impact on Schedule:

Impact on Resources:

Risk associated with implementing the change:

Risk associated with not implementing the change:

Final Review Results:

Review Date:

Priority: (check one) **High** [X] **Medium** [] **Low** []

4. Impact Analysis Results

Specific Requirements Definition:

Additional Resource Requirements (insert rows as needed):	Man Days	Cost
CIB and BIB Mobile Reload Module	1	RM -
Maxis Hotlink Pinless Transaction Report	2	RM -
UAT & Migration Assistance	1	RM -
Totals		RM -

Impact of Not Implementing the Change:

Maxis Prepaid service in Mobile Reload remain the same without validation and no report

Alternatives to the Proposed Change:

N/A

5. Final Recommendation

6. Final Recommendation

Project Name: Customization on Maxis Pinless

Project Manager: _____

I have reviewed the information contained in this Project Change Request Form and agree:

<i>Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i> (MM/DD/YYYY)

The signatures above indicate an understanding of the purpose and content of this document by those signing it. By signing this document, they agree to this as the formal Project Change Request Form.

Appendix A

User requirements

1. As per *CR - Maxis Pinless.pdf* (dated 8th Sept 2010).
2. Perform validation on EPay Maxis Hotlink product. Reject if Mobile No. (Bill Account No) is not available.
3. Generate daily report for successful only Maxis Hotlink PINLESS request. This report contains the consolidated transaction data from both CIB and BIB.

Assumptions

1. Validation is customized solely for ePay's Maxis Hotlink product only.
2. There is no change on BVMC IB_PAYEE content.
3. This is not a parameterize feature.