

#### IT&PMO APPLICATION REQUEST / CHANGE REQUEST FORM

REFERENCE NUMBER			8
CR Ref. No.		. '	
Section A. CHANGE REQ (To be filled in by Product C			
PRODUCT OWNER & PRO	OJECT NAME /		
RMBP (BII Maybank2u) M2U (Internet Banking) Transfer to Virtual Account	Prepared By Ferry Adrian	Division/Unit Wealth Management, Segment Strategy & E-Channel	Date Prepared 11 August 2015
DETAIL OF ORIGINATOR			
Requested By : eBanking Product Development	Product Owner Sukarno  rulkeru	Division/Unit Wealth Management, Segment Strategy & E-Channel	Date Requested
Approved By : Retail Banking Director	Business/Project Sponsor Gusnawan Tjan	Directorate Retail Banking	Date Approved
CHANGE REQUEST DESC	CRIPTION		
Request: Add New Feature – Transfe User Of Application (please			
	ffice Division/Unit		
Priority (please put tick mai ☐ HIGH ☐ MEDIUM			
Attachment (please put tick ☐ BRD ☐ FSD		Other Document (please m	nention)
Recommendation/Commer	nt (if any)		
Implementation Date Requ	ested		

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#### IT&PMO APPLICATION REQUEST / CHANGE REQUEST FORM

#### Section B. CHANGE IMPACT

(To be filled in by TECHNOLOGY OFFICE)

Relationship Manager Re	commendation	on/Comment		Relationship M Signature	lanager
				Name : Date :	
Application Developmen	t ANAI YSIS				
Received By		Received		Division/Unit	
Analyzed By / Application Manager	Com	plete Date of Anal	ysis	Division/Unit	
Reviewed By / Senior Application Manager	Com	plete Date of Revi	ew	Division/Unit	
Impact To Other System					
Impact To Performance O	f Other Syste	em			
Cost Impact (please put ti	ck mark) I NON-CHAF	RGEABLE			
Type of project (please pu	t tick mark)		_		
	hancement	☐ Maintenar	nce	☐ Others	
Application Development	Recommend	ation/Comment	-		
Implementation Date Base	ed On Applic	ation Developmen	t Review:		
Development	SIT	UAT	Mi	igration	Live
y					

#### Note:

- 1. Please ensure that all fields in this CR Form are completely filled in based on the instruction.
- 2. Section A should be filled in by originating Product Owner / Division / Unit.
- 3. Section B should be filled in by TECHNOLOGY OFFICE and must be reconfirmed back to originating Product Owner within not later than 5 (five) working days after receiving this CR Form from Product Owner.



## IT&PMO APPLICATION REQUEST / CHANGE REQUEST FORM

Change Request - Instruction To Fill the Form

REFERENCE NUMBER	
CR Ref. No.	Reference number of the CR Registration (filled in by TECHNOLOGY OFFICE).

#### Section A. CHANGE REQUEST

(To be filled in by Product Owner)

(To be filled in by Product Own	ner)
PRODUCT OWNER & PROJ	ECT NAME
Project / Application Name	Project / application name.
Prepared By	Staff name who prepares this CR Form.
Division/Unit	Originating Division / Unit name.
Date Prepared	Complete preparation date of this CR Form.
DETAIL OF ORIGINATOR	
Requested By	Originating Division Head / Product Owner name.
Approved By	Originating Project Sponsor name.
	Please fill in Directorate field with following options:
	- Deputy President Director
	- Consumer Banking
	- Risk Management
	- SMEC
	- Finance
	- Compliance
	- IT & Operations
	- Corporate Banking
CHANGE REQUEST DESCR	IPTION
Change Request Description	Brief description of the Change Request proposed.
Application Name	Name of application impacted by the change request
User Of Application	End-user which uses/operates this application.
Priority:	
□ HIĞH	- To meet regulatory or external institution compliance requirement.
	- To fit our Bank's strategy to increase fee-based income as well as
	generating revenues.
	- Based on specific emergency situation or urgent reasons (E.g.: Disaster
	recovery or protection of Bank's assets).
	- Categorized as urgent or must have.
☐ MEDIUM	- To fit our Bank's strategy to increase fee-based income as well as
	generating revenues.
	- Based on improvement reasons (E.g.: to increase system
	uptime/performance, to increase security).
	- Categorized as must have but less urgent.
□LOW	- To fit our Bank's strategy to increase fee-based income as well as
	generating revenues.
	- Based on improvement reasons (E.g.: to increase system
	uptime/performance, to increase security).
	- Categorized as nice to have.
Attachment	Documents attached with the CR Form.
Recommendation/Comment	Fill in if any.
Implementation Date	Date requested/expected by user to have this project implemented.
Requested	2 3.0 10 4 30 100 100 100 100 100 100 100 100 100



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#### Section B. CHANGE IMPACT

(To be filled in by TECHNOLOGY OFFICE)

(To be filled in by TECHNOLOG	3Y OFFICE)
Relationship Manager	Comment or analysis by Relationship manager
Recommendation/Comment	
Application Development AN	The state of the s
Received By	Respective Application Development staff name who receives this CR Form.
Analyzed By / Application	Respective Application Manager name who analyzes the Change
Manager	Impact relating to this CR Form.
Reviewed By / Senior	Respective Senior Application Manager name who reviews the Change
Application Manager	Impact relating to this CR Form.
Impact to Other System	Summary of impact to other system (if any).
Impact to Performance of	Summary of impact to performance of other system (if any).
Other System	
Cost Impact	Cost impact of this request.
Type of Project:	
□ Nove Project	To be desired as a first of the second secon
☐ New Project	- To implement a totally new system.
	- To replace the existing system with a new one with following strategic
	purposes:
	<ul> <li>Provide business users with an integrated processing system of the transactions.</li> </ul>
	- Implement new technologies to support Bank's electronic channels.
☐ Enhancement	- To enhance/modify the existing system to support Bank's strategic
	purposes:
	- Provide customers with positive experience.
	- Provide customer with better services through all Bank's electronic
	channels.
	- Survive customers loyalties and increase customer satisfaction.
	- Strengthen market competitiveness
	<ul> <li>Improve hardware performance to increase service uptime for</li> </ul>
	customers.
	<ul> <li>Provide business unit in the Bank with better IT services.</li> </ul>
☐ Maintenance	- Projects executed in a certain periodical term.
	- Periodical refresh of the system.
	- Periodical review of hardware performance.
Application Development	Application Development recommendation based on the
Recommendation/Comment	Application Development recommendation based on the analysis and review.
Implementation Date Based	Possible implementation date of this project based on Application
On Application Development	Possible implementation date of this project based on Application Development assessment. Information in this field could change the
Review	information stated in <i>Implemented Date Requested</i> (as contained in Section
TOVIOW	A).
	A):

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#### IT&PMO APPLICATION REQUEST / CHANGE REQUEST FORM

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und Transfer lanage your fund transfers			
Favourite Within Bll Accounts	Favourite Interbank Real Time	Favourite Interbank SKN and RTGS	Favourite Foreign Currency
Transfer funds to a favourite BII account	Real time transfer to favourite non Bil account that has been registered	Transfer to favourite non BII account through SKN / LLG or RTGS that has been registered	Transfer funds in foreign currency to favourite account
Within Bll Account	Interbank Real Time	Interbank SKN and RTGS	Foreign Currency
Transfer funds to another BII Account or own account that has not been linked (unlinked account)	Real-time transfer to non BII account	Transfer to non Bil account through SKN / LLG or RTGS	Transfer funds in foreign currency
Own Account  Transfer funds to own account that has been linked (linked	Virtual Account Transfer fund to Virtual Account	Western Union	Register Favourite Accounts Within Bil
account)		View Transfer Status	Interbank Real Time
			Interbank SKN and RTGS
			Foreign Currency

Transfer Virtual Account		
Notes Make a one-off transfer to Virtual Account		
Step 1/3		
From Account*:	Choose Your Account ▼	
Virtual Account*: or To Account*:	Choose Your Account ▼	lonaper
Amount*:	•	
Beneficiary Email:		
Message (Max. 40 Characters):	And the second s	
Note (*): All fields with asterisks (*) are required.		
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#### IT&PMO APPLICATION REQUEST / CHANGE REQUEST FORM

Transfer Virtual Account	
Notes Make a one-off transfer to Virtual Account	
Step 2/3	
From Account	1003000010
To Account	99999999999999999
Beneficiary Name:	NAME OF VIRTUAL ACCOUNT
Amount:	IDR 100,000.00
Beneficiary Email:	
Message:	
Transfer Mode:	Transfer Now
Monetary information	
Amount to be Transferred	IDR 100,000.00
Transfer/Administrative Fee:	Free
Total Amount to be Debited:	IDR 100,000.00
IDR Equivalent Debited:	IDR 100,000.00
ransfer Within BII Account	
Back   Confirm	are reference and record keeping.
Transfer Within Bli Account  Notes  You are kindly advised to print the Receipt for your futu- Step 3/3	
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Fransfer Within Bill Account  Notes You are kindly advised to print the Receipt for your future.  Step 3/3  From Account To Account Beneficiary Name: Amount Beneficiary Email: Message: Transfer Mode: Monetary Information Amount to be Transferred: Transfer/Administrative Fee: Total Amount to be Debited: iDR Equivalent Debited: Status: Bill Reference No.;	######################################
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