

## PROJECT CHANGE REQUEST FORM

**Project Name: KFH IBG New Addenda Specification**

**Prepared by: Jelson Low**

**Date : 18/02/2011**

**Change Request No.: IBSCR027**

### 1. Requestor Information

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

**Area of Change:**

Scope	<input checked="" type="checkbox"/>	Schedule	<input type="checkbox"/>	Migration	<input type="checkbox"/>
Budget	<input type="checkbox"/>	Quality	<input type="checkbox"/>		

**Is this Change the result of a Risk Management Action?**

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Risk ID:
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**Scope of Change:**

Information Site GUI	<input type="checkbox"/>	BVMC	<input type="checkbox"/>	CIB Reports	<input type="checkbox"/>
Information Site Tools	<input type="checkbox"/>	CORUS	<input checked="" type="checkbox"/>	BIB Reports	<input type="checkbox"/>
Content	<input type="checkbox"/>	CIB Demo	<input type="checkbox"/>	BIB User Guide	<input type="checkbox"/>
Database	<input type="checkbox"/>	BIB Demo	<input type="checkbox"/>	CIB User Guide	<input type="checkbox"/>
ESB	<input type="checkbox"/>	OnlineApps IBG Core	<input checked="" type="checkbox"/>	BVMC User Guide	<input type="checkbox"/>
CIB	<input type="checkbox"/>	BIB	<input type="checkbox"/>	Others	<input type="checkbox"/>

**Proposed Change Description and References:**

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

**Description:**

**IBG New Addenda Specification.**

2<sup>nd</sup> Addenda is mandatory to include for every IBG transaction. These 2<sup>nd</sup> Addenda should carry the payment details such as: **Payment description** and **Reference number**. 2 Addenda for transaction that not apply the 2<sup>nd</sup> validation and 3 Addenda for transaction that applies the 2<sup>nd</sup> validation.

**Justification:**

**Hyperlinks:**

**Impact of Not Implementing:**

2<sup>nd</sup> Addenda will not be included in IBG Nacha file.

**Alternatives:**

Initial Review Date:	Assigned To:
Action	Comments
Approval for Impact Analysis	<input type="checkbox"/> <input type="checkbox"/>
Reject	<input type="checkbox"/> <input type="checkbox"/>
Defer Until	<input type="checkbox"/> <input type="checkbox"/>
Express Approval	<input type="checkbox"/> <input type="checkbox"/>

### 3. Initial Impact Analysis

<b>Baselines Affected:</b>		
Configuration Items Affected (e.g product specifications):		
Cost / Schedule Impact Analysis Required? (check one)	Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
<b>Impact on Cost:</b>		
<b>Impact on Schedule:</b>		
<b>Impact on Resources:</b>		
Risk associated with implementing the change:		
Risk associated with not implementing the change:		
<b>Final Review Results:</b>		
<b>Review Date:</b>		
Priority: (check one)	High <input type="checkbox"/> <input type="checkbox"/>	Medium <input type="checkbox"/> <input type="checkbox"/> Low <input type="checkbox"/> <input type="checkbox"/>

#### 4. Impact Analysis Results

**Specific Requirements Definition:**

Additional Resource Requirements (insert rows as needed):	Man Days	Cost
Corus & IBG	5	N/A
Reports		
UAT & Migration Assistant	5	N/A
<b>Totals</b>		N/A

Impact of Not Implementing the Change: 2<sup>nd</sup> Addenda will not be included in IBG Nacha file.

Alternatives to the Proposed Change: \_\_\_\_\_

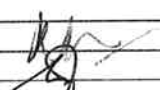

#### 5. Final Recommendation

#### 6. Project Change Request Form / Signatures

Project Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

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

Name	Title	Signature	Date (MM/DD/YYYY)
Malaviti Munnandy	Manager		21/2/11
Sharon Lai	Exec		21/2/11

*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

### Terms & Conditions

1. This CR is valid for 30 days as stated from the date herein.
2. Change request will be delivered for SIT and/or UAT, respective user is required to sign off User Acceptance Certificate upon completion of UAT prior to production migration.
3. Penril is not responsible, unless stated, for SIT and/or UAT environments and materials (system server, network, test data and etc) which are required for SIT and/or UAT.
4. Migration is to be performed by respective IT team from KFH, Penril shall provide assistance.

## Appendix B

1. To capture "**Reference No**" and "**Payment Description**" and include in IBG Nacha file. As per MEPS requirement, Reference No is **optional** and Payment Description is **required**.
2. For IBG Transaction from OTC, IBG Core will assign a default value "**OTC**" if the payment description is blank and reference no will not be set any value if it is blank.