



JABATAN PERBANKAN DIGITAL

CHANGE REQUEST FORM (E-CHANNEL SYSTEM)

CR no:

To : Senior Vice President / Head,
Digital Banking Department

From : Vice President / Head,
Deposit & Payment Department

Reference : BN/IP/JDP/BILLERS/EPF (1)

Date : 18/2/2021

Description : Additional Payment/ System Enhancement for Employee
Provident Fund (EPF) at BSNeBiz

APPLICATION					
Change Request Category		Change Request Type		Priority	
<input type="checkbox"/> Statistic		<input type="checkbox"/> Normal		<input type="checkbox"/> High	
<input checked="" type="checkbox"/> Changes / Enhancement		<input type="checkbox"/> Emergency		<input type="checkbox"/> Medium	
<input type="checkbox"/> Project Requirement				<input type="checkbox"/> Low	
<input type="checkbox"/> Process update					
<input type="checkbox"/> Add / Remove Billers					
Channels :					
myBSN <input checked="" type="checkbox"/>	SMS Banking <input type="checkbox"/>	Mobile Banking <input type="checkbox"/>	EBB <input type="checkbox"/>	eBiz <input type="checkbox"/>	Others <input type="checkbox"/> Specify: _____
Change Request Description:					
1. 1 Permohonan penambahan perkhidmatan EPF di saluran BSNeBiz seperti di bawah: a. Caj Lewat Bayar – Kod L b. Dividen – Kod D c. Penalti d. Form F – Kod F					
2. Maklumat Organisasi adalah seperti berikut: a. Nama Organisasi : KWSP Kutipan Di Internet Kod Organisasi : M5923500 No. Akaun : 1410041000220456					



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Supporting Document: (Attach if required)	
Technical specification (5.5) from EPF as attached.	
Date Required	18/04/2021

APPROVAL		
Requested By	Verified By	Approved By HOD
Sign: <i>Adila</i> Name: Adila Mohd Ali Designation: Sr. Exec Division/ Department: Deposit & Payment Dept	Sign: <i>Zulkarnain Ismail</i> Name: Zulkarnain Ismail Designation: Manager Division/ Department: Deposit & Payment Dept	Sign: <i>Zarida Jean Noordin</i> Name: Zarida Jean Noordin Designation: Head of Dept Division/ Department: Deposit & Payment Dept

ACCEPTANCE / ANALYSIS (For internal JPD only)					
Date Received	Reference				
[dd/mm/yyyy]					
Date submission to JTM/Vendor/Operation					
[dd/mm/yyyy]					
Level of Change					
<input type="checkbox"/> Online Application <input type="checkbox"/> Batch Application <input type="checkbox"/> Report <input type="checkbox"/> Hardware					
Cost (Mandays)					
i) JTM					
No.	Person in charge (PIC)	Post	Mandays	Permandays	Cost
Total:					



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ii) Vendor

No.	Person in charge (PIC)	Post	Mandays	Permandays	Cost
Total:					