Change Request Number *(Assigned by Change Manager)*	CRQ000000000003
Incident Reference Number *(if any)*	
References *(Vendor Change Request no., etc. (if any))*	STANDALONE DOMAIN FOR KOINS ADMIN
Change Requestor Name /Designation	Olukoga Kehinde/Product Manager
Email ID of Change Requestor	kolukoga@primerabank.com
Type of Change *(Planned, Unplanned, Emergency)*	Planned
Change Impact *(Major, Significant, Minor or Standard)*	Significant
Priority *(Urgent, High, Medium, Low)*	Medium
Proposed Date and Time of Change	
Expected Duration of Change (hours)	
Configuration Item *(Hardware/ OS/Application/Database etc.)*	Database
Description of system(s) to be changed *(Identification Number or any other specific description)*	KOINS ADMIN DASHBOARD
Current Status *(Functionality/Task or Parameter etc existing before Change)*	The Koins Admin dashboard was shared with a domain. Old domain name not on https ie not secure and was partially used to go live.
Description of Change Requested	Standalone domain for Koins Admin dashboard. New domain is standalone and it is on HTTPS secure.
Affected Services/Stakeholders	Stakeholders who have access to the admin dashboard
How will services/stakeholders be affected during the Change?	NIL
Consequences of not implementing Change	Reduced dashboard performance and no secure domain
Benefits of implementing the Change	Enhances dashboard performance and secure domain
Impact on any other Operational / IT Environment	NIL

Attachment(s): *tick as applicable*

1. Implementation Plan ☐
2. Back-out/Fall back plan ☐
3. Test Approach ☐
4. Test Scripts or Scenarios ☐
5. Test results from the user acceptance ☐
6. New Procedure ☐
7. Communication Plan ☑
8. Incident Report ☐

Name & Signature of Initiator: Olukoga Kehinde   **Date: 28-02-2023**

Name & Signature of Business Head: **Date: 28-02-2023**

Name & Signature of Head Operational Risk: Date: 01-March-2023

Name & Signature of Implementer: AHMED OLANREWAJU   Date: 01 March 2023

Name & Signature of Head, Technology: AHMED OLANREWAJU   Date: 01 Mar 2023

Name & Signature of Head, Operations: _____   **Date:** _____

Name & Signature of Internal Control_____   **Date:** _____

Forwarded to Change Manager on *(Date)*_____