

<b>Section 1 Change Initiation (To be completed by business)</b>			
<b>Dispatch to: Information and Technology Team via ICT Service desk</b>			
Date Raised:		Change Initiator:	Change Request No:
Summary:			
<b>DETAILED DESCRIPTION</b>			
Business Problem:			
Business Current process:			
Business Proposed Solution:			
Business change urgency (High/Medium/Low):			
Proposed process post change implementation:			
Business risk summary (rationale for doing the change):			
Business change requestor signature & date:			
Business change Analyst Review summary:			
Business Head Approval:			
Function Head signature and date:			
#	Section2: Change Registration - CAB Motivation form (To be completed by ICT Technical Person only)		
1.	Change start date: Duration of the Change: Change completion date:	PRIORITY: (H, M, L): Impact: (High, Medium, Low)Risk: (High, Medium, Low)	Change type: (Planned, Emergency Corrective Emergency Preventive, Standard)
2.	Please give an overview of what the change is all about		
3.	What is justification for implementing this change?		
4.	Is the change taking place at the best/most suitable time?		
5.	What services/systems are impacted (both downstream and upstream), during the implementation of this change?		
6.	Does this impact any other Business Unit (BU)? If yes, has it been approved by the CAB? Attach evidence		
7.	Has this change been tested in UAT and signed off by the business?		
8.	Has it been deployed /tested in stage and was it successful? (if applicable) Attach evidence		
9.	What live proving/post implementation testing will be done in Production after implementation of this stage?		
10.	Who will be doing the live proving/post implementation testing?		
11.	If the live proving/post implementation testing shows that there is an error with the implementation, what would be the back outplan?		
12.	Has the back out plan been tested?		
13.	Is there any downtime or reboot required?		
14.	If so, what services will be impacted and what time is the downtime/reboot scheduled for?		

15.	Do you have business signoff for the downtime?	
16.	Who will be coordinating this change? Please provide name as well as contact details	
17	Please breakdown the change window, in terms of the implementation, live proving and back out (for long duration changes). How long would each take?	
18	Does the change have any cost implication? If yes what is the estimate cost for the whole implementation?	
19	Has the budget been allocated for this change?	
20	Implementer name, signature and date	
Section 3: Change Assessment and Task assignment (To be completed by Technical Lead or Team Leader)		
<p>Evaluation summary of section 1 &amp;2:</p> <p>Risk Summary:</p> <p>IMPLICATIONS summary: (TSh, man-day's, timescales, dependencies):Assigned Resource:</p> <p>Decision: (Defer, approved for CAB consideration, declined (Not feasible):</p>		
Assessor name, signature and date		
Section 4: Change Approval: (CAB Members Only)		
CAB Decision (IMPLEMENT(I)/REJECT(R)/DEFER(D)		
CAB Minutes (Append evidence)		
CAB Chairperson Signature & Date		
Section 5: Change Implementation: Change completion certificate This document is to be completed by all parties participating in undertaking a change for which a CHANGE REQUEST FORM has been issued: Complete post change implementation and business testing.		
Business tester		ICT Change Implementer/Coordinator
Name:		Name:
Signature:		Signature:
Date:		Date:
Post implementation test evidence		
Section 6: Change Review and Closure: Post Implementation review (CAB Members Only)		
CAB Review Input		
CAB Minutes (Append evidence)		
CAB Chairperson Signature & Date		