

	<b>SERVICE REQUEST FORM</b> <b>PT. MITRA TRANSAKSI INDONESIA</b>
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Service Request No	
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*REQUESTOR INFORMATION (mandatory filled by requestor)			
Date	: 10/05/2023		
Requestor Name	: Endang Suyatna		
Title	:	Phone	: 085697885077
Department	: Planning project & policy	Email	: endang.suyatna@yokke.co.id

*CHANGE INFORMATION (mandatory filled by requestor)				
Type of Change	Adhoc (CCB)		BAU	
	<input type="checkbox"/> Data	<input type="checkbox"/> Infra	<input type="checkbox"/> Data	<input type="checkbox"/> Infra
Description of change requested	: Request open akses dari IP (172.16.56.65) port 22 ke IP (192.168.37.46) port 22			
Change needed by (date)	: 10 Mei 2023			
Reason for the change and impact	: Untuk mekanisme penarikan report berbentuk CSV perlu dilakukan pembukaan akses terlebih dahulu dari server DB ke App karena penarikan CSV dilakukan langsung dari server DB.			

Requestor		
Requestor Sign Off	Group Head	Director / SEVP (Data Adhoc Only)
Name: Endang Suyatna	Name: Angga Fitra Wardhana	Name:
Date: 10/05/2023	Date: 10/05/2023	Date:
Reviewer		
Risk Management Head (Data Adhoc Only)	Director/SEVP Risk Management (Data Adhoc Only)	Director/SEVP IT (Data Adhoc Only)
Name:	Name:	Name:
Date:	Date:	Date:

CHANGE IMPACT EVALUATION (filled by Requestor, confirm by Reviewer)								
Change Type	<input type="checkbox"/>	Application	<input type="checkbox"/>	Hardware	<input checked="" type="checkbox"/>	Network	<input type="checkbox"/>	Operating System
	<input type="checkbox"/>	Data	<input checked="" type="checkbox"/>	Security	<input type="checkbox"/>	Database	<input type="checkbox"/>	Other:
Change Priority	<input type="checkbox"/>	High			Change Impact		<input type="checkbox"/> High	
	<input checked="" type="checkbox"/>	Medium					<input type="checkbox"/> Medium	

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CHANGE IMPACT EVALUATION <i>(filled by Requestor, confirm by Reviewer)</i>									
		<input type="checkbox"/> Low						<input type="checkbox"/> Low	
Environments impacted		<input type="checkbox"/> DC	<input type="checkbox"/> DRC	<input type="checkbox"/> Development/Test	<input type="checkbox"/> Internal Office				
Hostname/IP Address affected:									
Estimated Resources <i>(cost/effort)</i>		N/A							
Resource Requirements <i>(personnel/hardware /software)</i>		Network Admin, Security Admin							
Test Plan Description <i>(if any)</i>		N/A							
Migration Plan <i>(Mandatory Adhoc)</i>		N/A							
Roll Back Description		N/A							
CHANGE APPROVAL OR REJECTION									
Change Request Status		<input type="checkbox"/> Accepted				<input type="checkbox"/> Rejected			
Implementation assigned to <i>(names)</i>		:							
Execution Approval Service Request BAU <i>(Service Request Adhoc use Production Migration Form)</i>									
(BAU Only)		(BAU Only)			(BAU Only)				
( )		( )			( )				
Date:		Date:			Date:				

CHANGE IMPLEMENTATION <i>(filled by implementor)</i>	
Staging Test Results	:
Implementation Results	:
Date implemented	:
Change Implementer Sign Off	Change Reviewer Sign Off <i>(Direct Manager)</i>
( )	( )
Date :	Date :