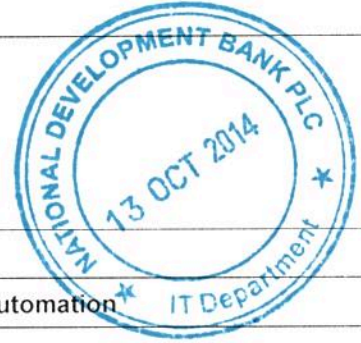


CHANGE REQUEST FORM



Request No:

System Name: t24

Request Name and Title: Transaction Report - ENR Charges Automation

IT Department

Requested Date (MM/DD/YYYY): 09/16/2014

Phone No. and Email: 4385

Area of Change: Inward Clearing

1. Change Request Description

Describe the change requirement in detail with appropriate print screens and information:

Unable to upload Inward clearing Cheque return charges for "Effects Not realized" (02 Return code) The charges for ENR (Effect Not Realized) is not deducted from the customer account directly by the system therefore users need pass GL entries manually for each cheque return under ENR, though the other charges for cheque returns such as RD (Refer to Drawer) for inward clearing is charged from the customer automatically. We need to process the ENR charges with the return upload.

Add and Scan.
in progress.

Is this Change the result of a Risk Management Action?

No ☒Yes ☐

If Yes Risk Sign-off:

2. Justification

Impact of Not Implementing Proposed Change:

Addressed as KPMG audit findings and needs to pass manual entries to recover ENR charges

Errors can be occurred since manual entries are involved though the process.

Alternative Solutions



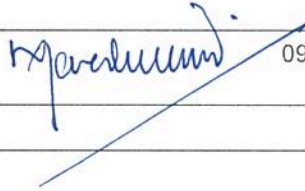
1.

2.

3.

3. Change Request Form / Signatures

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

Name	Title	Signature	Date (MM/DD/YYYY)
Requested by			
Anura kumara	Deputy Manager		09/16/2014
Approved by			
Indrica Hannan	AVP-CPU		09/16/2014
Risk / Audit (if required)			
Line Head (VP)			
Mancius Paiva	VP- Administration & Services		09/16/2014
CFO			
Head Of IT			

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 Change Request Form.

4. Impact Analysis Results (For IT)

Specific Requirements Definition:

Additional Resource Requirements (insert rows as needed):	Work Days	Cost
<i>Totals</i>		

Impact of Not Implementing the Change: _____

Alternatives to the Proposed Change: _____

5. Testing (QA) and Sign-off

Allocated to :

Date :

QA Reference No.:

QA Status : Completed Rejected Hold Pending

QA received date and time :

QA completed date and time :

Submitted date and Time :

Comments :

Name (Tested by)

Title

Signature

Date
(MM/DD/YYYY)

Please attach the test scenarios and test cases with the change request form.

6. Testing (UAT) and Sign-off

I have tested requirement in detail and done the impact analysis for the information contained in this Change Request Form and agree:

Name (Tested by)	Title	Signature	Date (MM/DD/YYYY)

Please attach the test scenarios and test cases with the change request form.

7. Change Release to Live

Name	Title	Signature	Date (MM/DD/YYYY)
Released to Live by			
Authorized by			