



CHANGE REQUEST FORM

Request No:

System Name: T24

Request Name and Title: GL account for Unclaimed Accounts

Requested Date: 31/10/2014

Phone No. and Email: Asela Gunawardena/ITSBD/NM/NBL, Ext 3205

Area of Change: Accounts

1. Change Request Description

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

Syruwa,
This is to streamline the
reconciliation process
Handwritten signature

1. Change Request Description

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

As per central bank guidelines, Banks are allowed to maintain only one abandoned property GL account. NDB maintains GL account No CCY1650300010900 – “Abandoned Property” at present, for routing UN-Claimed items such as Pay Orders / Drafts... etc.

As per the Current CASA account abandoned functionality in the T24 system, an account will be closed after 8 years from the date of dormancy / status change date and funds will be transferred to GL account No CCY1650300011000 which is also under same category of Abandoned property.

Requirement

To streamline the reconciliation and monitoring process of abandoned property and to meet the regulatory requirement, it is requested to have the proceeds from DBU Abandoned accounts to be transferred to CCY1650300010900, and FCBU to be transferred to CCY165030001 as per the currency of such accounts. Currency wise abandon property GL accounts (as at 30th Oct 2014) are given below:

| | | |
|------|---|------------------|
| DBU | - | LKR1650300010900 |
| | | JPY1650300010900 |
| | | NOK1650300010900 |
| | | CHF1650300010900 |
| | | PKR1650300010900 |
| | | EUR1650300010900 |
| | | AUD1650300010900 |
| | | SGD1650300010900 |
| | | GBP1650300010900 |
| | | USD1650300010900 |
| FCBU | - | GBP165030001 |
| | | USD165030001 |
| | | AUD165030001 |
| | | EUR165030001 |
| | | HKD165030001 |
| | | CHF165030001 |

However, Provision should be there to add / delete GL accounts with different currencies at a future date.

CCY – Currency

Is this Change the result of a Risk Management Action?

No ☒ [x]

Yes ☐ []

If Yes Risk Sign-off:

2. Justification

It is a violation of CBSL guide lines, If the bank is maintaining two different abandoned property GL accounts

Impact of Not Implementing Proposed Change:

It is a violation of CBSL guide lines, If the bank is maintaining two different abandoned property GL accounts.

Alternative Solutions

1. N/A

2. N/A

3. N/A

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 | Asela Gunawardena | | 31/10/2014 |
| Approved by | Sithambaram SriGanendran | | 31/10/14 |
| | Ganga Wanigaratne <i>on leave</i> | | 31/10/14 |
| | Indrica Hannan | | 31/10/14 |
| Risk / Audit (if required) | | | |
| Line Head (VP) | Delrene Seneviratne | | 31/10 |
| | Mancius Paiva | | 31/10/14 |
| CFO | Faizan Ozman | | |
| Head Of IT | Sujeewa Dissanayake | | |
| | | | |
| | | | |

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 |
|---|-----------|------|
| | | |
| | | |
| | | |
| | | |
| Totals | | |

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

| <i>Name</i> | <i>Title</i> | <i>Signature</i> | <i>Date</i> <i>(MM/DD/YYYY)</i> |
|---------------------|--------------|------------------|------------------------------------|
| Released to Live by | | | |
| | | | |
| Authorized by | | | |
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