

# Project Charter

**BPJS Kesehatan**

**Pengadaan Optimalisasi Perangkat Jaringan Komunikasi  
Data di Data Center Tahun 2018**

**Version 1.0**



Author

Agustinus Angger M.

Project Manager

Angger@sinergy.co.id

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## REVISION HISTORY

Date of this revision : [date]	Date of next revision [date]
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Revision Number	Revision Date	Summary of Changes	Changes marked
[1]	[date]	[Describe change and reason for change]	[List of changed pages]

## DOCUMENT DISTRIBUTION

Date	Recipient	Title	Email
	M. Nabil	SIP - Operational Director	Nabil@sinergy.co.id
	Xxx	SIP – Account Manager	xxx

Customer Information			
	[Name of the Customer's Company]		
Address	[Head Office Address of the Customer's Company]		
Phone	[Customer's Company Phone Number]		
Contact Person	[Customer's Contact Person Name]	Email	[Customer's Contact Email Address]
CP Phone	[Customer's Contact Person Phone]	CP Title	[Customer's Contact Person Title]
Project Information			
	[PO# Number]	Project ID Number	[PID# Number]
Project Name	[Name of the Project]		
Project Type	Supply Only	Implementation	Maintenance & Managed Service
Project Owner	[Name of the internal Project Owner / Sales]		
Project Manager	[Name of Project Manager]		

<b>Project Coordinator</b>	[Name of Project Coordinator]			
<b>Project Description</b>	[Please use the 5W + 1H description]			
<b>Project Objectives</b>	[Please define the high level project objectives] - Objective 1 Description of objective 1 - Objective 2 Description of objective 2			
<b>Technology Used</b>		Borderless Network		Collaboration
		Data Center		Security
		ATM / CRM		Application Development
<b>Estimated Start Date:</b> [dd-mm-yyyy]		<b>Estimated Finish Date:</b> [dd-mm-yyyy]		<b>Flexibility:</b> [Flexible/Tight Schedule]
<b>Scope of Work</b>	1. [Define scope of work] 2. 3. 4. 5.			
<b>Out of Scope</b>	1. [Define out of scope of work] 2. 3. 4. 5.			
<b>Customer Requirements</b>	1. [Define all customer's requirements and agreements made between both party] 2. 3. 4. 5.			
<b>Term of Payment</b>	1. [Define term of payment and amount for each payment] 2. 3. 4. 5.			
<b>Stakeholder Register</b>	1. [Define all the stakeholder's name] 2. 3. 4. 5.			

Initial Identified Risk					
No	Risk Description	Owner	Impact	Probability	Risk Response
1.			[1-5]	[1-5]	
2.					
3.					
4.					
5.					

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Prepared By	Approved By	Approved By
<u>xx</u>	<u>Agustinus Angger M</u>	<u>xxx</u>
<u>Project Manager- / Coordinator</u>	<u>PMO Manager</u>	<u>Account Manager</u>
Date:	Date:	Date: