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| Version 3.0 | Effective Date- 01/08/2024 | Document Code - IT/ISMS/2024/0009 |

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|  | | **Change Request Form - IT Network Infrastructure** | | | | | | | | | | | | | | | | | | | |
| **SECTION 1** | | | **Change Request** (to be completed by the Change Requester (CR) & the respective Business Head) | | | | | | | | | | | | | | | | | | |
| **Change Summary & the Requirement for Change** | | | * Changes to test environment/s | | | | | | | | | | | | | | | | | | |
| **Change**  **Categorization** | | | Standard | | | | Minor | | | Major | | | | | | Emergency | | | | | |
| **Change Priority** | | | Emergency | | | | High | | | Medium | | | | | | Low | | | | | |
| **Name of the**  **Requester** | | |  | | | | | | | **Signature of the Requester** | | | | | |  | | | | | |
| **Contact Details of**  **the Requester** | | | **Mob/Ext:** | | | | | **Email:** | | | | | | | | **Windows user Name** | | | **Date** | | |
| Request Type | | | New |  |  | | | Addition | | Del | ete | |  |  | | Change (Permanent / Temporary ) | | | |  | Expire Date: |
| **Decision** | | | Approved/ Declined by Business Head and Returned to CR | | | | | | | Name:  Department: | | | | | | | | | | | |
| Signature and Date: | | | | | | | | | | | |
| **SECTION 2** | | |  | | | **Firewall Rule request:** (to be completed by the Change Requester (CR) & the respective Network team Head) | | | | | | | | | | | | | | | |
|  | **Address/Subnet Mask** | | **Source Protocol/Port** | | **Destination address** | | | | **Destination Protocol/Port** | | | **Service provided in requested**  **address** | | | **Action: Deny/Permit** | | **Rule : Add/Remove/Modify** | **Description** | | | |
| Eg: | Any | | Any | | 131.124.1.16 | | | | TCP/80 | | |  | | | PERMIT | | Add | Adding web access to web server form any outside  source | | | |
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| **SECTION 3** | | | | **Change Assessment** (to be completed by the Change Requester (CR) & the respective Network team Head) | | | | | | | | |
| **ASSESSMENT** | | | | | | | | | | | | |
| **Change Building: (Requirements)** | | | | (Summary view of the tasks to be performed to complete the change) | | | | | | | | |
|  | **Fixed Asset**  **Information:** | |  |  | | | | | | | | |
| **Effort Estimate: (Hours)** | | | |  | | | **Vendor support required :** | | | (YES/NO) | | |
| **OUTAGE / IMPACT DETAILS** | | | | | | | | | | | | |
| Is a system outage required? (Y/N) **(if applicable)** | | | | List of services/systems impacted: | | | Scheduled outage - Date/Time | | | | | |
| **SECTION 4** | | | | **Change Approval**(to be completed by Network team Head, IT Governance, IT Risk, ISO and CISO) | | | | | | | | |
| **Network Admin:** *(To be filled by the Network Team)* | | | | Recommendation and Comments: | | | | | Name: | | | |
| Signature:  Date: | | | |
| **IT Governance:** *(To be filled by the IT Gov.)* | | | | Recommendation and Comments: | | | | | Name: | | | |
| Signature:  Date: | | | |

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| **IT Risk:** *(To be filled by the IT Risk.)* | Recommendation and Comments: | Name: |
| Signature:  Date: |
| **SECURITY MANAGEMENT** (Does this change comply with the OCF PLC ISMS policy) | | |
| **Information Security Risk Assessment** *ISO shall fill this sections reviewing the risks detailed above* | Potential risks arising from the suggested change and risk treatment options: | |
| Signature and Date: | |
| **CISO Approval** | Approved/Declined and Comments: | |
| Signature and Date: | |

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| **SECTION 5** | **Change Release** (Each section shall filled by the designated person) | |
| **To be filled by Change Implementer (CI)** | Release Plan: Rollback Plan: | |
| Name: | Signature and Date : |
| **To be filled by Department Manager** | All the areas are tested in acceptable manner: Yes/ No Release: Approved/ Not Approved  Release Date and Time:  Signature: | |