CHANGE REQUEST FORM



**DOCUMENT CONTROL PAGE**

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| **Document ID** | SCG/CGRF/031/1.0 |
| **Security Classification** | Confidential |
| **Date Issued** | 30-Jul-2025 |
| **Version** | 1.0 |
| **Project Name** | NA |
| **Author** | [AJ KHAN](https://www.linkedin.com/in/aj57/) |

**VERSION HISTORY / CHANGE HISTORY**

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| --- | --- | --- | --- |
| **Version** | **Date Issued** | **Issued to** | **Comments** |
| 0.1 | 30-Jul-2025 |  | Issued for internal review |
| 1.0 | 30-Jul-2025 |  | Final version |
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**REVIEWERS**

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| **Version** | **Review Date** | **Reviewed By** | **Comments** |
| 0.1 | 30-Jul-2025 |  | Issued for internal review |
| 1.0 | 30-Jul-2025 |  | Final version |
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**APPROVERS**

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| **Version** | **Date Approved** | **Approved By** | **Comments** |
| 0.1 | 30-Jul-2025 |  | Issued for internal review |
| 1.0 | 30-Jul-2025 |  | Final version |
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| 30-Jul-2025 | Customer\_DL\_ABC | Published to Customer ABC |
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**RELATED DOCUMENTS**

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| SCG/PXF/008/1.0 |  |  | Policy Exception Form |
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# **1) Request for Change**

This is change request form to raise any change for [SecureCyberGates] Systems. Once filled kindly share with Project lead and relevant parties. Kindly follow Change management Process **Document ID : SCG/CMP/028/1.0** for more details.

[Change request form below , **Credits / Downloaded From** : <https://www.iso9001help.co.uk/Change-request-form.pdf> ]

# **2) Change Request Form**

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| **Change Request Form** | | | | | | | | | |
| **RFC ID:** |  | **RFC Title:** | |  | | | |  | |
| **Date of Submission:** | |  | | **Date Required:** | | | |  | |
| **Submitter Name & Title:** | |  | | | | | |  | |
| **Process Owner Name & Title:** | |  | | | | | |  | |
| **Department:** | |  | | | | | |  | |
| **Function:** | |  | | | | | |  | |
| **Related Change Proposal:** | |  | | | | | |  | |
| **Change Classification:** | | * Routine | | * Minor | | | * Major | * Emergency | |
| **Proposed Priority:** | | * High | | * Medium | | | * Low |  | |
| **Request For Change Details** | | | | | | | | | |
| **System or Item to be Changed:** | | |  | | | | | | |
| **Description:** | | * Organizational | | | * Manufacturing | | | | * Products |
| *Describe any process changes required to implement this change. Reasons for making changes could be:*   1. *Addition of a new function* 2. *Performance improvement* 3. *Growth* 4. *Technology change* 5. *Problem resolution or prevention* | | | | | | | |
| **Reason for Change:** | | * Business Alignment | | | | * Cost Effectiveness | | | |
| * Compliance | | | | * Efficiency | | | |
| **Details of Change:** | | *Provide details or indicate attached documentation that provides:*   1. *Deployment Steps and Resources Required* 2. *Regression / Post Implementation Test Plan and Resources Required* 3. *Remediation/Back Out Plan* | | | | | | | |
| **Business Impacts:** | | *Provide details or indicate attach documentation that provides:*   1. *Other Services, Applications, Agencies, Customers Affected by this change* 2. *Expected Outage Duration* 3. *Hours/Duration Impact* 4. *Schedule Impact* 5. *Cost Impact* 6. *Quality Impact* | | | | | | | |
| **Business Risks:** | | *Describe risks to be considered for this change* | | | | | | | |
| **Risk of Change & Mitigation Plan:** | | *Consider the risks of the change* | | | | | | | |
| **Risk of Not Implementing Change:** | | *Consider the risk of not making the change against potential benefits of the change* | | | | | | | |

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| **Approved By (Name & Title):** | | | | | | | |
| **Change Requestor:** | | |  | | Approval Method & Date | |  |
| **Change Coordinator:** | | |  | | Approval Method & Date | |  |
| **Process Owner:** | | |  | | Approval Method & Date | |  |
| **Quality Manager:** | | |  | | Approval Method & Date | |  |
| **CAB[Change Advisory Board] Review Determination:** | | | | | | | |
| **Decision:** | Approved | Approved with Conditions | | | | Rejected | Updates Needed |
| **Post Implementation Review Required:** | | Yes | | No | | Decision Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe Remedial Action Taken:** | | | |
|  | | | |
| Action by (Name) |  | To be completed by (Date) |  |
| **Root Cause Analysis:** | | | |
| How/why did this happen? | | | |
| Action by (Name) |  | To be completed by (date) |  |
| **Describe Corrective Action (to Prevent Recurrence):** | | | |
|  | | | |
| Action by (Name) |  | To be completed by (date) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Corrective Action Completed:** | | | |
| **Actioned By:** | *Signature:* | *Position:* | *Date:* |
|  |  |  |
| **Verification By:** | *Signature:* | *Position:* | *Date:* |
|  |  |  |



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[**securecybergates@gmail.com**](mailto:SECURECYBERGATES@GMAIL.COM)

**THANK YOU!**

**FOR CYBER-SECURITY RELATED UPDATES, KINDLY FOLLOW BELOW PAGES...**

