CHANGE REQUEST FORM

**DOCUMENT CONTROL PAGE**

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| **Author** | [AJ KHAN](https://www.linkedin.com/in/aj57/) |

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| --- | --- | --- | --- |
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|  1.0 | 30-Jul-2025 |  | Final version |
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**REVIEWERS**

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**APPROVERS**

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| **DOC\_ID** | **DOC Version#** | **DOC Link** | **Comments** |
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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**

|  |
| --- |
| **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* |

|  |
| --- |
| **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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