CHANGE REQUEST FORM

DOCUMENT CONTROL PAGE

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VERSION HISTORY / CHANGE HISTORY

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

REVIEWERS

Version	Review Date	Reviewed By	Comments
0.1	30-Jul-2025		Issued for internal review
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APPROVERS

Version	Date Approved	Approved By	Comments
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DISTRIBUTION LIST

Date	Name / Distribution List	Comments
30-Jul-2025	Customer_DL_ABC	Published to Customer ABC

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RELATED DOCUMENTS

DOC_ID	DOC Version#	DOC Link	Comments
SCG/BASEINS/005/1.0			Base Template Instructions
SCG/PXF/008/1.0			Policy Exception Form

CONFIDENTIALITY STATEMENT

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Contents

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: *(a) Addition of a new function* *(b) Performance improvement* *(c) Growth* *(d) Technology change* *(e) Problem resolution or prevention*			
Reason for Change:	☐ Business Alignment		☐ Cost Effectiveness	
	☐ Compliance		☐ Efficiency	
Details of Change:	*Provide details or indicate attached documentation that provides:* *(a) Deployment Steps and Resources Required* *(b) Regression / Post Implementation Test Plan and Resources Required* *(c) Remediation/Back Out Plan*			
Business Impacts:	*Provide details or indicate attach documentation that provides:* *(a) Other Services, Applications, Agencies, Customers Affected by this change* *(b) Expected Outage Duration* *(c) Hours/Duration Impact* *(d) Schedule Impact* *(e) Cost Impact* *(f) 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:*

THANK YOU!
FOR CYBER-SECURITY RELATED UPDATES, KINDLY FOLLOW BELOW PAGES...