Change Request Number:	Date Received:		Date Implemented:		Imple	Implementer name	
LEQUESTOR							
Requestor:	India Control of the	: V= 0.740 04 Na 2008 A. 2408 A.		Department:			
Date of Request:			Add'l Details Attached:		YES	□ NO	
Temporary or Permanent:				Due Date:			
If temporary duration:	From date		To date				
Priority:		ow		Medium		☐ High	
Central Event ref no:	***************************************			000 000 000 000 000 000 000 000 000 00		30000-10-000- - 13-00	
Proposed Change							
Description of Cha	ige:		***************************************	In the second se			
Reason for Cha	nge:						
Result if changes not appro-	ved:						
Device Descrip	otion		***************************************			.W1: Tu	
Device Serial Nun	nber					10.4	
Documents & Deliv	erables Re	quiring Upo					
☐ Contract Register			☐ Asset Register				
Network Topology			Other:				
SSESSMENT & IMPA	СТ						
Technical Impact:					THE STREET		
Impact on Cost:	YES [] NO		PARTON VIII			
Impact on IT security:	1						
Impact on Resources:			19				
Risk on Service:							
References/Attachments:	Freeware proof / Security assessment report / Customer approval / Other PIs mention						
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nt och population beligtimmingsfortlaste eritor, ca contry	est osum speriorismismis		COST CONTRACTOR	obio salenia organiza	en e	45252485646565556	
ECOMMENDATIONS							
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ESPERATOR PROGRAMMENT STANDARD SANTAN AND AND AND AND AND AND AND AND AND A							
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lead Of Department:	☐ Approved	Rejected	☐ Defer		e.	Sign	
lead Of Department: or Manager IT:	☐ Approved	Rejected	☐ Defer	red Until: Dat		Sign	
ECISION Head Of Department: Or Manager IT: /PI-T (For new		.1		red Until: Dat	e:	-	
lead Of Department: or Manager IT:	☐ Approved	Rejected	☐ Defer	red Until: Dat red Until: Dat	e: e:	Sign	