Intact Digital Ltd

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www.intact.digital

Please fill in the sections where applicable.

Send the signed form to Intact Digital Limited (IDL) at accounts@intact.digital.

Change Request Form	IDL-CRF-2020

Name of requestor	
Name:	Role
Organization	Team
Email:	Mobile:
Intact Digital (IDL) Service:	Reason for using IDL Service:

Change request type (indicate those that apply)	
Organization information	☐ Yes ☐ No
User account	☐ Yes ☐ No
Software package/Digital Vault	☐ Yes ☐ No
Software installation	☐ Yes ☐ No
Virtual Desktop configuration	☐ Yes ☐ No
Reporting Method	☐ Yes ☐ No
Risk planning and mitigation	☐ Yes ☐ No

(please go to the relevant section and fill in details)

Other:

(please specify)

Organization Information Updates

Change of Organisation Details

Organisation Name:	
Division/Department:	
Team/Unit:	
Business Registration Number:	
Country of Registration:	
Other: *(Please provide details)*	

Change of Bank Details

Name of the Bank:	
Name of the Account Holder:	
Account Number:	
Sort Code:	
Swift:	
IBAN number:	
Bank Address:	
Other: *(please specify)*	

User Account Updates

Note: A separate email will be sent to newly added users and registered users with login details after receiving an email confirmation receipt of change.

Change of Primary Contact

Name:		Role:	
Department:		Email:	
IDL Service:		Tel:	
Reason for using IDL Service:		Fax:	
Action: *(Add/Replace)*		Change Start Date: *(dd/mm/yyyy)*	

Other Contact/User name	Role	Change *(Add/Delete)*	Change Start Date *(dd/mm/yyyy)*

Software Package Updates

Change in Software Information	
Please indicate new information or mark as not applicable N/A	
Software Name:	
Software Version:	
Software Vendor:	
Installation Type:	*Indicate: stand-alone software application or client-server configuration, unsupported software or contemporary software, etc.*
Operating System:	*Please state the recommended/preferred operating system.*
Hardware Requirements:	*Indicate typical hardware installation requirements.*
Licenses:	*Please state the type and number of licenses and number of software users.*
Other: *(please specify)*	

Change of Contact Details of the Third-Party Installer	
Company Name:	
Contact Name:	
Role:	
Email:	
Phone:	
Other: *(please specify)*	

Software Installation Updates

Change in Installation Phases:

Please describe any additional requirements, e.g., regulatory requirements, pre-defined installation procedure. Supply supporting documents or regulations as needed.

Change in Test Procedure

Please describe any additional requirements, e.g., regulatory requirements, pre-defined procedure. Supply supporting documents or regulations as needed.

Change in Supporting Tools

Original Tool(s):		
Action for Original Software:		
New Tool(s):	☐ Screen capture	☐ Documentation/PDF Reader	☐ Other:

Change in Hosting/Virtualisation Platform

Original Platform:			
New Platform:	☐ Xen	☐ VMWare	☐ Other:

Change of Installation Environments

Original Environment:	
New Environment:	☐ VMWare ☐ Other:

Virtual Desktop Configuration Updates

Desktop Updates

Set up a New Task Desktop	☐ Yes ☐ No
Amending Existing Desktop	☐ Yes ☐ No

Configuration details

Allow upload of documents	☐ Yes ☐ No
Allow download of documents	☐ Yes ☐ No
Allow saving of document modification	☐ Yes ☐ No

Provide storage space for user *(if selected, go to section A)*	☐ Yes ☐ No
Provide shared storage for groups *(if selected, go to section B)*	☐ Yes ☐ No
Other:	

Section A: Storage Details *(optional)*

Specify size of storage space *(if selected)*	☐ 500Mb ☐ 1Gb ☐ 1.5Gb ☐ 2Gb

Section B: Group Details *(optional)*

Group Number	Member Name	Member Account No.	Member Email	Action *(Add/Delete)*

Reporting Method Updates

Change in Reporting Information

Require New report *(if selected, go to section C)*	☐ Yes ☐ No
Require Modifications to previous report *(if selected, go to section D)*	☐ Yes ☐ No

Section C: New Report Details

Please describe any specific requirements you would like to see in a new report.

Section D: Report Modification Details

Add New Field(s):	
Delete Existing Field(s):	
Other: *(please specify)*	

Risk Assessment and Mitigation

Request for New Plans and Activities:

Please describe any specific plans and activities, e.g., add support for a new version of software, require a different preservation service, request for new feature.

Request for Modifying Current Plans and Activities:

Please describe any specific plans and activities, e.g., add support for a new version of software, require a different preservation service, request for new feature.

Signature

The form needs to be signed by individuals who are required to authorise the registration of software prior to receiving Intact Digital services.

	Primary Contact	New Primary Contact *(optional)*
Print Name:		
Role:		
Signature:		