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| www.intact.digital | Intact Digital Ltd  Compass House, Vision Park  Chivers Way, Histon  Cambridge, CB24 9AD, UK  Tel: +44 01223 25 7990 |

Please fill in the sections where applicable.

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

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| **Change Request Form IDL-CRF-2020** |

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

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| 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)* |  |
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| **Organization Information Updates** |

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

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| 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)* |  |

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| **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.**

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| 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)* |

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

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| 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)* |  |

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

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| **Software Installation Updates** |

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| Change in Installation Phases: |
| *Please describe any additional requirements, e.g., regulatory requirements, pre-defined installation procedure. Supply supporting documents or regulations as needed.* |

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| Change in Test Procedure |
| *Please describe any additional requirements, e.g., regulatory requirements, pre-defined procedure. Supply supporting documents or regulations as needed.* |

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| Change in Supporting Tools | | | |
| Original Tool(s): | | | |
| Action for Original Software: | | | |
| New Tool(s): | Screen capture | Documentation/PDF Reader | Other: |

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| Change in Hosting/Virtualisation Platform | | | |
| Original Platform: |  | | |
| New Platform: | Xen | VMWare | Other: |

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| Change of Installation Environments | |
| Original Environment: |  |
| New Environment: | VMWare  Other: |

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| **Virtual Desktop Configuration Updates** |

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| Desktop Updates | |
| Set up a New Task Desktop | Yes  No |
| Amending Existing Desktop | Yes  No |

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| 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: |  |

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| Section A: Storage Details *(optional)* | |
| Specify size of storage space *(if selected)* | 500Mb  1Gb  1.5Gb  2Gb |

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| Section B: Group Details *(optional)* | | | | |
| Group Number | Member Name | Member Account No. | Member Email | Action  *(Add/Delete)* |
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| **Reporting Method Updates** |

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| 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 |

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| Section C: New Report Details |
| *Please describe any specific requirements you would like to see in a new report.* |

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| Section D: Report Modification Details | |
| Add New Field(s): |  |
| Delete Existing Field(s): |  |
| Other:  *(please specify)* |  |

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| **Risk Assessment and Mitigation** |

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| 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.* |

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| 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.* |

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| **Signature** |

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

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