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| **Product Information Form (PIF) Change Request** | |
| **Change Request Number** | PIF 000X [to be assigned by the AFGC] |
| **PIF Section** |  |
| **Originators Name** |  |
| **Date Submitted** |  |
| **Short Description** |  |
| **Severity (Critical, High, Medium, Low)** |  |
| **Detailed Description of Enhancement** |  |
| Reason for Enhancement |  |
| Date Enhancement to be Implemented by |  |
| **Assumptions** |  |
| **Dependencies** |  |
| **Other Group(s) involved / impacted in the change** |  |
| **Other Implications** |  |
| Implications of not implementing Enhancement |  |
| **CHANGE ASSESSMENT (AFGC to complete)** | |
| **Change Decision** | Accept or reject or further information |
| **Approver** |  |
| **Date Approved or Rejected** |  |
| **Further Information Required** |  |

Please send completed forms to [PIF@afgc.org.au](mailto:PIF@afgc.org.au)