



TEST ENVIRONMENT MANAGEMENT (DOT) COM

TEST ENVIRONMENT BOOKING FORM

Please use this form to articulate your Project's Test Environment Management needs.

Test Booking Requestor Details	
Name	<Your Name>
Position	<Your Position>
Tel Details	<Your Telephone Number>
Email	<Your Email>
Project Details	
Project Name	<Project>
Project Manager	<PM Name>
Test Manager	<TM Name>

Test Phase	Start	End
<DEV SIT UAT SVP>	<1/Jab/2020>	<1/Feb/2020>

Please Select System Instances you require: (Best Guess is Fine, We will Call You)

SYSTEM	DEV	SIT	UAT	SVP
CUSTOMER INF		Changing		
ATM MANAGEMENT				
BASE		Changing		
CARDS		Touching		
COLLECTIONS				
COLLECTIONS				
CRM				
CURRENT ACCOUNT		Touching		
LOANS				
MORTGAGE				
SAVINGS ACCOUNT		Changing		
SWIFT				

Please Select Lab Set Up you require: (Add info as appropriate. Best Guess is Fine, We will Call You)

SYSTEM	Lab1 City	Lab2 City	Lab3 Sticks	Lab4 Sticks
ATM				
DESKTOPS	8 PC, 2 MAC			
MULTI BROWSERS	IE, Chrome, Fox			
PRINTER				
MOBILES	iPhone, Android			

Any further suggestions: Send us an email via our contact form.