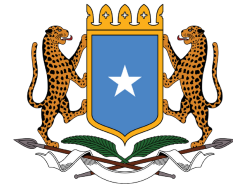




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DATA BREACH FORM

APPLICANT DETAILS		
BASIC INFORMATION OF THE DATA USER		
<i>Tick as appropriate</i> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Other:....		
Entity Name:	Entity Sector:	License Number:
ORGANISATION INFORMATION CONTACT		
Phone Number		
Email		
Address		
State/province		
City		
CONTACT PERSON INFORMATION		

Name of the person making this notification*: Mr. Mrs. Miss.

Job Title

Email

Phone

Are you the Data Protection Officer for your organisation?

- Yes**
- No**
- If **No**, please specify

Number of data breach victims

Is it your first time that breach occur in your organisation?

- Yes**
- No**

Please select type of organisation you are

- | | |
|---|--|
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Business and Corporation | <input type="checkbox"/> Marketing Agency |
| <input type="checkbox"/> Nonprofit Organisation | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Technology Company |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> E-commerce Platform | <input type="checkbox"/> Transportation Company |
| <input type="checkbox"/> Social Media Company | <input type="checkbox"/> Utilities and Energy Company |
| <input type="checkbox"/> Telecommunication Company | <input type="checkbox"/> Real Estate Agency |
| <input type="checkbox"/> Others, please specify | |

Information involved in the breach

Kind of the personal information involved in the breach.

- | | |
|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Financial information |
| <input type="checkbox"/> Address | <input type="checkbox"/> Usernames and Passwords |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Health Information |
| <input type="checkbox"/> Phone Numbers | <input type="checkbox"/> Social Media Profiles |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Employment Details |
| <input type="checkbox"/> Passport Number | <input type="checkbox"/> Biometric Data |
| <input type="checkbox"/> IP Addresses | <input type="checkbox"/> Insurance Companies |
| <input type="checkbox"/> Vehicle Information | <input type="checkbox"/> Educational Background |
| <input type="checkbox"/> Others, please specify | |

Description of the Breach

Describe the Breach



How did the organisation discover the breach?

- User Reports
- Security Monitoring Systems
- Endpoint Detection and Response (EDR) Solutions
- Incident Response Plans
- Security Audits and Assessments
- Third-Party Alerts

Was the breach caused by cyber incident?

- Yes
- No
- Others, please specify

Is the breach likely to result in a high risk to data subject?

- Yes
- No
- Not yet given, Please give details

Have you taken any action to limit the breach?

- Establish a Data Breach Response Plan
- Implement Strong Access Controls
- Encrypt Sensitive Data
- Conduct Regular Security Audits
- Keep Software and Systems Updated
- Conduct Regular Employee Background Checks
- Others, please specify
- Secure Physical Access to Servers and Data Centers
- Limit Data Collection and Retention
- Collaborate with Cybersecurity Experts
- Conduct Vendor Security Assessments
- Regularly Backup Data

When did the breach happened?

Date / Time

When did you discover the breach?

Date / Time

Have you told data subjects about the breach?

- Yes
- No
- If **No**, Please specify



Describe any further action you have taken/ or purpose to take as a result of the breach

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Name: _____ Title: _____

Signature: _____ Date: __/__/____