

Sensible Risk Solutions (Pty) Ltd

Company Registration No. 2014/204790/07 Vat No. 4330279342 FSP No. 48159



Sensible Risk Solutions

Physical Address
Wild Fig Business Park
1494 Cranberry Street
Block A, 1st Floor
Honeydew
2040

Postal Address
Suite 178
Private Bag X3
Strubens Valley
1735

Tel: +27 10 001 7590
www.sensiblerisk.com

HIGHLY CONFIDENTIAL

| FORM FOR REPORTING A SUSPECTED INFORMATION SECURITY INCIDENT | | |
|--|-------------------------|-----------------|
| Your Name: | PC Name: (e.g. XX#####) | Dept/Division: |
| Today's Date: | Tel No: | E-mail Address: |

| | |
|-------------------|-----------------------|
| Date of Incident: | Time of Incident: |
| Who Was Notified: | Time of Notification: |

Brief Description of Incident: (include website URLs, suspect name(s), impacted system(s), other relevant data...)

| | | |
|--|--------------------------|--------------------------|
| | Y | N |
| Did you witness the incident yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did others witness the incident? (if yes, specify below) | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|-----------------------|--------------------------|
| To your knowledge was any of the following involved? | | | |
| Telephone | <input type="checkbox"/> | Theft | <input type="checkbox"/> |
| Fax | <input type="checkbox"/> | Fraud | <input type="checkbox"/> |
| Photocopier | <input type="checkbox"/> | Unauthorised Access | <input type="checkbox"/> |
| Computer Hardware | <input type="checkbox"/> | Customers | <input type="checkbox"/> |
| E-mail | <input type="checkbox"/> | Third Parties | <input type="checkbox"/> |
| Internet download | <input type="checkbox"/> | Copyright | <input type="checkbox"/> |
| Virus | <input type="checkbox"/> | Other (specify below) | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| | Y | N |
| Was any COMPANY Internal or Confidential information compromised? | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | |
|---|--------------------------|--------------------------|
| Did you report this incident to: (Please circle all applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor - Law Enforcement – Director of IT – Internal Auditor – Other (Please Specify) | | |

| | | | |
|------------------|-------|------------------|-------|
| Initiated By: | Date: | Reviewed By: | Date: |
| Approved By (1): | Date: | Approved By (2): | Date: |