**Risk Acceptance Form**

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| **Risk Information** | | | | |
| **Requested By:** |  | **Business Title / Designation:** | |  |
| **Business / Department:** |  | **Risk Rating** | |  |
| **New** | **Yes/ No** | **If renewal, provide old RA No:** | | **N/A** |
| **Risk Description** | | * Risk #: * Risk #: | | |
| **Asset name** | |  | | |
| **Criticality Level of Asset:** | | Critical - High – Medium - LOW | | |
| **Risk Acceptance Expiration Date** | |  | | |
| **Treatment Plan** | | * Risk #: * Risk #: | | |
| **Signoffs (Risk Owner)** | | | | |
| **Position** |  | **Name** |  | |
| **Department** |  | **Date** |  | |
| **Signature** |  | | | |