APPENDIX - B
DATA BACKUP REQUEST FORM
PART----------A

Backup type: ☐ Software

☐ Data

Reason for software/data Backup request:

Initiator Name: …………………………………………… Sign: …………………… Date: ……………………………

Software/data Backup request is approved ☐ Yes ☐ No

Process owner: Name: …………………………………Sign: ………………………Date: ……………………………

PART----------B
DATA INFORMATION FOR BACKUP

Software/data backup Type:

Software & Data Information:

PART----------C
CLOSE OUT OF DATA BACKUP REQUEST FORM

Software/data backup was successful ☐ Yes ☐ **No**

Initiator Name: …………………………………………… Sign: ……………………Date: ……………………

Person who Restored the

Software/data: Name: ……………………………………………. Sign: ……………….……Date: ……………….

	Name	Designation	Signature	Date
Prepared by				
Approved by				