

DATA BREACH FORM

APPLICANT DETAILS

BASIC INFORMATION OF THE DATA USER

Tick as appropriate ☐ Public ☐ Private ☐ NGO ☐ Other:....

Entity Name:

.....

Entity Sector:

.....

License Number:

.....

ORGANISATION INFORMATION CONTACT

Phone Number	
Email	
Address	
State/province	
City	

DATA PROTECTION OFFICER CONTACT DETAILS

Name of the Data Protection Officer*: ☐ Mr. ☐ Mrs. ☐ Miss.

.....

Email:

.....

Phone:

.....

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

☐ **Yes**

☐ **No**

Number of data breach victims

.....

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

Please 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

When did the breach happened?

Date / Time

When did you discover the breach?

Date / Time

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?

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

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: __/__/____