|  |  |  |  |
| --- | --- | --- | --- |
| **Control ID** | CTL-000127 | **Frequency** |  |
| **Control Name** | Risk oversight | **Last Tested Date** | 25/08/2023 |
| **Control Owner** | Alan To |  |  |
| **Test Plan** | operation |  |  |
| **Test Plan ID** | TPL-12328 |  |  |

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| **Control Objective** |  |  |  |  |  |
| To ensure business leaders and fist line leader is providing apppropiate oversight.  Who: EM What: Review sign off. When: Month end |  |  |  |  |  |
|  |  |  |  |  |  |