

**MTD Group of Companies**

IT Department

Tel : +603-6195 1111

Fax : +603-6187 8006

RECOVERY PROCEDURE FORM

Recovery Procedures for <IT System>: _____

<Sub- Procedures for IT System>: _____

Objective: _____

No.	Responsibility	Tasks	Resources/ Liaise With	Done
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>

Prepared By

Verified by

Approved by

Signature:

Name:

Date:

Signature:

Name:

Date:

Signature:

Name:

Date:

RJUALUDDIN SALLEH
Senior General Manager, Head
Group Compliance & General Services Division