

	PHILIPPINE STATISTICS AUTHORITY Security Assessment and Vulnerability Evaluation Request (SAVER) Form PRO-SISS-ICD	Doc Ref No.:	23SAVERF02-08-006
		Effective Date:	24 June 2024
		Revision No.:	6
		Page No.:	1 of 1

Please read carefully before completing the form.

- This request form is for the conduct of a Vulnerability Assessment and Penetration Testing (VAPT).
- **All sections must be completed. Put N/A if not applicable.**
- Kindly email this request to icd.staff@psa.gov.ph and carbon copy j.deleon@psa.gov.ph, c.lledo@psa.gov.ph and dpsu@psa.gov.ph with the following subject: “[SAVER]_(Name of System)” after filling it out.

I. REQUESTER INFORMATION				
Full Name:		Mobile Number:		
Office/Service/Division:		E-mail Address:		
II. SYSTEM INFORMATION				
NO.	IP Addresses of Servers and/or Links of Web Applications	Is the System Public-Facing or For Internal Use Only?		Expected Date of Deployment (dd/mm/yyyy)
1		Public-Facing	Internal Use	
2		Public-Facing	Internal Use	
3		Public-Facing	Internal Use	
Brief System Description:				
Operational Duration: Fixed-Lifecycle System (e.g., temporary system, short-term project) Length of Duration: (e.g., 1 month, 6 months, 1 to 3 years)		Continuously Maintained System (e.g., permanent systems, long-term operations)		
Notes: <ul style="list-style-type: none"> • For additional systems, kindly accomplish and attach a separate SAVER form. • For systems with a User Interface (UI), kindly provide “test credentials i.e username/password”. If the system uses Linux, we require a test SSH account as well. Please send the test credentials to c.lledo@psa.gov.ph. • All requesters may be required to provide a clone of the system to be tested. • Depending on the complexity of the system, the VAPT may take up to 5 days (or more) to complete. Kindly plan properly. 				
CONSENT CONFIRMATION				
I accept and agree that: <ul style="list-style-type: none"> • The Security Testing Unit (STU) of the Information and Cybersecurity Division (ICD) shall perform the requested VAPT which may cause downtime in the system. • The STU shall be authorized to perform a VAPT using appropriate and available testing tools and methods. • All information related to the conduct of the VAPT will be treated with high confidentiality and discretion. Furthermore, I declare that: <ul style="list-style-type: none"> • To avoid information loss, the application and database of the above system/s have been backed up properly. 				
_____ Date Requested		_____ Printed Name and Signature of System Owner		
III. FOR INFORMATION AND CYBERSECURITY (ICD) USE ONLY				
<p style="text-align: center;">ANGELO P. ASIGNACION Division Chief, Information and Cybersecurity Division Systems and Information Security Service PhilSys Registry Office</p> <p style="text-align: center;">Date Received: _____</p>				

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