



PHILIPPINE STATISTICS AUTHORITY
**Security Assessment and Vulnerability
Evaluation Request (SAVER) Form**
PRO-SIIS-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>			
Date Received: _____			