

Form

Personal Information Breach Incident Notification and Record Form		
Name of non-government agency Notifying agency 	Time of notification: ____ (year) ____ (month) ____ (day) ____ (hour) ____ (minute) Notified by: _____ Signature (seal) Job title: _____ Telephone: _____ Email : _____ Address: _____	
Time of occurrence		
Type of incident	<input type="checkbox"/> Stolen <input type="checkbox"/> Leaked <input type="checkbox"/> Tampered <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> Others	Total number of breaches (approximate) _____ <input type="checkbox"/> General information: _____ pieces <input type="checkbox"/> Specific categories of information: _____ pieces
Causes of occurrence and summary of incident		
Damage status		
Potential consequences		
Response actions planned		
Time and manner of notifying the parties planned		
Notification made to the Bank within 72 hours after the discovery of breach	<input type="checkbox"/> Yes <input type="checkbox"/> No (Reason: _____)	