THE FINANCIAL SERVICES COMMISSION
TECHNOLOGY AND CYBER INCIDENT REPORT FORM

1. FINANCIAL INSTITUTION'S INFORMATION

(a) Institution Name:		REG NO.
(b) Contact Person:		
(c) Email Address:		
(d) Telephone Number:	Work:	Cell:
(e) Position:		

2. NATURE OF INCIDENT & LINES OF BUSINESS AFFECTED

(a) Incident Name or Identifier:	
(b) Date and Time Discovered/Detected:	Click to enter date and time
(c) Date and Time Occurred:	Click to enter date and time
(d) Name of Business Line Affected:	
(e) Technologies Affected:	
(f) Site/Location Affected:	

3. DESCRIPTION OF INCIDENT

(a) Incident Category (Select the appropriate box)	(b) Where did the incident occur? (Select the appropriate box)
☐ Technology ☐ Cyber ☐ Other (specify below)	☐ Financial Institution ☐ Third Party ☐ Other (specify below)
If other, please specify:	*If other, please specify:*

(c) Provide the incident type(s):

☐ Technology asset (outage)	☐ Malware
☐ Technology asset (degradation/delay)	☐ Online Extortion
☐ Account take-over	☐ Phishing
☐ Cyber Crime	☐ Ransomware
☐ Data breach/leak	☐ Unauthorized Access
☐ DDoS	☐ Loss/theft of equipment
☐ Insider Threat	☐ Other (specify below)

If other, please specify:

(d) Provide additional details below including the current state, known direct and indirect impacts, actions completed and pending, with estimated timelines to address the remediation of the incident.

(e) Add a description of the root cause, if known:	
(f) Provide a description of sensitive information compromised or at risk. If no sensitive information is at risk, please indicate N/A	
(g) Provide details on the tactics, techniques and procedures involved in the incident:	(h) Provide the indicators of compromise.
4. INTERNAL AND EXTERNAL NOTIFICATIONS	
(a) Has senior management been notified?	(b) Date and time senior management was notified (if applicable)
Choose an item.	Click to enter date and time
(c) Have other regulators or supervisory agencies been notified?	(d) Date and time regulatory or supervisory agencies were notified (if applicable)
Choose an item.	Click to enter date and time
(e) Provide names of other notified regulatory or supervisory agencies.	
(f) Have any law enforcement authorities been notified?	(g) Name of notified law enforcement authorities
Choose an item.	
(h) Have any cyber insurance providers been notified?	(i) Name of cyber insurance providers used
Choose an item.	
(j) Has a cyber and/or an insurance policy claim been initiated?	(k) Has an external forensics firm been engaged
Choose an item.	Choose an item.
(l) Has a breach coach been engaged?	(m) Has internal or external legal counsel been engaged?
Choose an item.	Choose an item.
Signature of Responsible Party:	Date Submitted to FSC: Click or tap to enter a date.