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| **Breach Notification** |
| Breach Notification No.To be completed by the CMA |  |
|  |
| Notifying Party Details | Name |   |
| User PrivilegePlease tick the confirmation box | I confirm that I am a DA for the given Org Name |  |
| Org Name |  |
| Date |  |
|  |
| Details of the Breach | Customer Names/Landlord Names |  |
| Data Please tick the appropriate data groups | CMA CS Trading Party Details |  |
| SLP Org Details |  |
| CMA CS SPID Data |  |
| SLP SPID Data |  |
| Date of Breach |  |
| Nature of BreachPlease tick the appropriate type of breach and provide any comments | Destruction |  |  |
| Loss |  |  |
| Alteration |  |  |
| Unauthorised Access |  |  |
| Unauthorised Issue |  |  |
|  |
| Impact and Action | ImpactPlease tick the appropriate parties and describe the impact | Data Subject(s) |  |  |
| MC Parties |  |  |
| Other |  |  |
| Remedial ActionPlease list all steps to be taken | Step | By What Date | By Whom |
| Urgent Action |  |  |
| Impact Mitigation |  |  |
| Data Management |  |  |
| System Management |  |  |
| Other |  |  |
| Notifications | Party | Date | By Whom |
| Data Subject(s) |  |  |
| Information Commissioner |  |  |
| Trading Parties |  |  |
| Other |  |  |