|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Breach Notification** | | | | | | | |
| Breach Notification No.  To be completed by the CMA | |  | | | | | |
|  | | | | | | | |
| Notifying Party Details | Name |  | | | | | |
| User Privilege  Please 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 Breach  Please tick the appropriate type of breach and provide any comments | Destruction | |  |  | | |
| Loss | |  |  | | |
| Alteration | |  |  | | |
| Unauthorised Access | |  |  | | |
| Unauthorised Issue | |  |  | | |
|  | | | | | | | |
| Impact and Action | Impact  Please tick the appropriate parties and describe the impact | Data Subject(s) | |  |  | | |
| MC Parties | |  |  | | |
| Other | |  |  | | |
| Remedial Action  Please 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 |  | | |  | |