

**FIRST INCIDENT NOTIFICATION FORM FOR
QUALIFIED TRUST SERVICES AND TRUST SERVICES PROVIDERS**

1. Contact details	
(Qualified) Trust Services Provider name	
Full Name	
Job Title	
Telephone	
Email	
2. General information on the incident	
Incident identification number (if any):	
List of impacted (Qualified) Trust Services <i>(or potentially impacted)</i>	
Date and Time the incident was detected <i>(Best estimation)</i>	
Date and Time the incident was started <i>(if known already)</i>	
<i>If different from "date and time the incident has started", indicate the reasons for the late detection</i>	
3. Incident details	
Description of the incident	
Measures taken or planned <i>(Summarize what measures are taken or planned)</i>	
Means of detection of incident:	
4. Signature	
The undersigned hereby confirms that the information contained in this form is correct.	
Name:	
Date:	
Signature ¹ :	

Sending instructions

Please send your completed form to, in a **secure way** to CRA at QATrustServices@cra.gov.qa with 'First incident notification form' in the subject field.

At a later stage, when details of the incident have been identified, (Q)TSP should provide a more detailed and descriptive notification by filling the 'Final incident notification form'.

¹ When applicable should be electronically signed/sealed by means of a Qualified Electronic Signature or Qualified Electronic Seal with qualified certificate issued by a licensed QTSP in Qatar.

The electronic signature/seal on the form should be compliant with the applicable signature format standard referred in Law, CSPs Regulation and related resolutions.