

**FINAL 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	
2.1 Final Incident information	
Incident identification number (if any)	
List of impacted (Qualified) Trust Services	
Date and Time of the incident	
Description of the incident <i>(What happened, how it was detected, immediate actions undertaken)</i>	
3. Incident details	
Date and Time the incident was detected	
<i>If different from "date and time the incident has started", indicate the reasons for the late detection</i>	
Date and Time the incident was considered closed	
Means of detection of incident	
Status of the incident, as of the date of notification	<input type="radio"/> Ongoing <input type="radio"/> Solved /Closed <input type="radio"/> Unknown
	<i>More information</i>
Root cause of the incident	<input type="checkbox"/> Human error <input type="checkbox"/> Denial of service attack <input type="checkbox"/> System failures <input type="checkbox"/> Third party failures <input type="checkbox"/> Natural disasters <input type="checkbox"/> Physical security breaches <input type="checkbox"/> Hardware failure <input type="checkbox"/> Cyber-attacks <input type="checkbox"/> Software bug <input type="checkbox"/> Unknown
	<input type="radio"/> <i>Supposed cause</i> <input type="radio"/> <i>Confirmed cause</i>
	<i>More information</i>
4. Incident impact	
Assets and data impacted	
Category of impact	<input type="checkbox"/> Confidentiality <input type="checkbox"/> Integrity <input type="checkbox"/> Availability

	<i>More information</i>	
Severity of the impacts	<input checked="" type="radio"/> Negligible	
	<input type="radio"/> Limited: organisation assets are affected but no impact	
	<input type="radio"/> Significant: part of the customers/services is affected	
	<input type="radio"/> Maximal: entire organisation, all services, all certificates	
What percentage of subscribers were/are affected (<i>estimation</i>)	%	
5. Actions		
What actions have you taken?		
What lessons have you learned?		
What mitigating security measures have you put in place?		
6. Notifications		
Informed authorities	<input type="checkbox"/> Communications Regulatory Authority <input type="checkbox"/> National Cyber Security Agency	<input type="checkbox"/> Customers affected <input type="checkbox"/> Public
7. 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 'Final incident notification form' in the subject field.

In this case, documents containing sensitive and/or confidential data please contact CRA to discuss the transmission modalities.

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.