

Cyber Incident Notification Form

Reporting Entity Name

Contact Details

Name	
Designation (Director, CISO or other)	
Mobile phone number	
Alternate phone number	
Email address	

If the incident has already been reported, please provide details as to who, when and how it was reported

Type of Incident

- Advanced persistent threat
- DNS hijacking
- Malware infection
- Phishing
- Port scanning activity from an IP with a bad reputation
- Ransomware attack
- Unauthorized access
- Unauthorized privilege escalation
- Website defacement
- Other

Please provide a brief description

Cyber Incident Notification Form

Impact of Incident

- Compromise of data
 - Restricted
 - Confidential
 - Secret
- Impact on internal services
 - High
 - Medium
 - Low
- Impact on external services
 - High
 - Medium
 - Low

Please provide a brief description

Action Taken To Prevent Recurrence

- System scanning
- System patching
- System isolation
- System restoration
- Digital forensics
- Other

Please provide a brief description

Cyber Incident Notification Form

Incident Details	Start date and time of incident	
	End date and time of incident	
	Status of incident; open, resolution in progress or closed	
	Physical location of affected system or systems	
	Percentage of systems affected by the incident	
	Percentage of internal users affected by the incident	
	Percentage of depositors, clients or investors affected by the incident	
	Indicators of compromise relating to the incident	
Please provide additional incident details		

Please email the completed notification form to mirt@mfsa.mt