

DECLARATION OF DATA BREACH

Date

I. Type of Incident:

Please tick the appropriate box (only one per incident):

☐ Escalate a potential issue related to **Information Security**.

☐ Information Security Officer (ISO)

AND/OR

☐ Escalate a potential issue related to **Personal Data Protection**.

☐ Data Protection Officer (DPO)

The information disclosed herein is collected with the sole purpose of identifying the incident, to implement the appropriate action plans and to facilitate our investigations.

II. Details of the person escalating the incident:

Full Name:

Position:

Email address:

Acting in representation of another person? YES ☐ NO ☐ If YES Name

CCB Account Number

CCB Customer name

Relationship with the Customer (empowerment)

III. Details of the incident:

(A) Description of the incident:

Date of **occurrence** of the incident:

More details:

Number of data subjects affected, if known:

Details on impacted data (e.g. information details, contact details, financial data...)

Type of data impacted:

(B) Summary of the incident:

Please include as much details as possible to help us better understand what happened:

(C) How and when have you become aware of the incident:

How:

When:

(D) Description of the type of attribute of Personal Data impacted

Please inform us whether the data is:

1. not accessible or partially accessible (availability breach);
2. incomplete or inaccurate (integrity breach); and/or
3. the data was disclosed to an unauthorised person (confidentiality breach).

1. Availability ☐ Reason

2. Integrity ☐ Reason

3. Confidentiality ☐ Reason

(E) Further comments, foreseen impacts and/or recommendations:

Please send this form to our data protection officer at: dpo@eu.ccb.com