

▶ 1. Please provide the following essential information to prepare a proposal and ensure smooth communication. Kindly verify the accuracy of your contact details before submitting the form, as they are vital for our ongoing correspondence.

Company Name _____	Primary Point of Contact (PPoC) for Proposal _____
Billing Country _____	Title / Role _____
Billing Address _____	PPoC Email Address _____
_____	PPoC Phone Number _____

What is prompting the need for this assessment?

- Periodic Regulatory & Compliance Audits (ISO Audit, PCI DSS Audit etc.)
- Understand overall Security Posture
- Mention any other reason

▶ 2. Please complete this section regarding any personal data present in the system

As a company committed to GDPR compliance, we prioritise the protection of personal data. If the system to be tested contains any personal data, it is essential that we incorporate this information into the Data Processing Agreement (DPA) attached to the proposal you will receive from us. Accordingly, we kindly request that you carefully answer the questions below.

Important Remark: We strongly recommend that tests be conducted in a controlled testing environment using non-production data, as accessing real data is neither necessary nor aligned with the objectives of the test. This approach is especially crucial for systems containing personal data or any other sensitive data, as it minimises exposure to such data.

Does the system to be tested include any personal data? Yes No

→ Which categories of individuals' personal data are contained in the system to be tested?

Customers Employees Third Parties Others - Please specify _____

→ Please explain what type of personal data is included. Tick all the options that apply and explain what information is stored for each type of personal data you selected.

- Government Identification Numbers (e.g. Social Security numbers, passport numbers, driver's license numbers) _____
- Financial Information (e.g. Bank account details, credit card numbers, payment information) _____
- Health Information (e.g. Medical records, health insurance details, information related to physical or mental health) _____
- Biometric Data (e.g. Fingerprints, facial recognition data, other biometric metrics) _____
- Sensitive Demographic Information (e.g. Race, ethnicity, sexual orientation, religious beliefs) _____
- Other _____

▶ 3. Please answer Cloud Infrastructure Assessment Scoping Questions below

	Answers	Remarks/Explanations
C1: Purpose/Objective of the engagement? <i>(Industry Certification Requirement, understanding the security posture, both, anything else)</i>		
C2: What kind of engagement do you expect? <i>(Penetration Test/Config Audit/Both)</i>		
C3: Number of Azure subscriptions in scope? <i>(If more than one)</i>		
C4: Number of regions in scope? <i>(If more than one)</i>		
C5: What is your cloud delivery model? <i>IaaS / SaaS / PaaS</i>		
C6: Anything specific that you want us to know?		

► 4. Please answer the questions below about the Services used (across regions and accounts)

Service name	Yes / No	Count (if applicable)	Remarks
Compute Instances	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Databases	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Azure Active Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Kubernetes Service (No. of clusters & No. of hosts)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please include all the Kubernetes & container related details needed for the assessment of the services
Please add any other service which is not mentioned above			

► 5. If there is any other information you want to add, please provide below