

▶ 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 the Scoping Questions below**

H1: What is the nature of Web Application Security Assessment would you like us to perform?

- Internal Web Application Security Assessment
- External Web Application Security Assessment
- Both - Internal and External Security Assessment

H2: What is the type of Web Application Security Assessment would you like us to perform?

- Black-box Security Assessment (Unauthenticated Scan): This type of assessment does not require any test accounts and credentials to be provided.*
- Grey-box Security Assessment (Authenticated Scan as normal user): This type of assessment requires test accounts and test user credentials to be provided before testing.*

H3: What is the total number of applications in the scope?

Total Number of External Applications:  Total Number of Internal Applications:

H4: What is the total number of modules in the applications? (e.g. For Uber app Ride hailing, Adding Payment Method, Ride History etc.)

H5: What is the total number of web pages per application (approximate number of webpages)?

Total Number of Dynamic Webpages:  Total Number of Static Webpages:

H6: What is the total number of roles of the application?

Number of Roles for External Applications:  Number of Roles for Internal Applications:

H7: What is the application stack and CMS platform on which it is built upon?

H8: Does the application use APIs? If yes, how many unique APIs are used by the application?

▶ **4. If there is any other information you want to add, please provide below**