

ISMS SCOPE NOTIFICATION FORM

(Please use a separate form for each scope)

Organisation Particulars:

Name of Organisation: _____

Address: _____

Tel No: _____

Fax No: _____

Contact Particulars: (The contact person to answer any queries on this submission).

Contact Name: _____

Contact No: _____

Contact Email: _____

ISMS Scope:

Planned ISMS Certification Date: _____

Planned/Tentative Implementation Milestones:

Signed by: _____ **Date :** _____

Name : _____

Position: _____