

Stabsstelle Cyber-Sicherheit  
Postfach 684  
9490 Vaduz

Mandatory fields are marked with a \*  
"i" Hints can be found in the appendix.  
Please mark applicables!

## Notification of a security incident

### Company details

Name of the company *
PEID of the company

### Details of the notifying person

First name (notifying person) *
Surname (notifying person) *
E-mail address *
Telephone number
Function in the company * <input type="checkbox"/> CIO <input type="checkbox"/> CISO <input type="checkbox"/> Administrator <input type="checkbox"/> Information Security Manager <input type="checkbox"/> SOC/CDC employee <input type="checkbox"/> IT Security Officer <input type="checkbox"/> Other function

### Details of the security incident

Description (in keywords) *	
Date of determination (dd.mm.yyyy) *	Time of detection (00:00) *

The security incident was detected by *	
<input type="checkbox"/> System failure	
<input type="checkbox"/> System malfunction	
<input type="checkbox"/> Evaluation of log data	
<input type="checkbox"/> Publication of stolen information by third parties	
<input type="checkbox"/> Information from third parties	
<input type="checkbox"/> Confidential information was found in a drop zone	
<input type="checkbox"/> Other type of detection	
Presumed date of the security incident (dd.mm.yyyy)	Presumed time of the security incident (00:00)
The security incident is still ongoing *	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unknown	
Measures taken to date (in keywords)	
External support was called in *	
<input type="checkbox"/> yes	
<input type="checkbox"/> no	
The security incident is cross-border *	
<input type="checkbox"/> yes	
<input type="checkbox"/> no	
Further information	