****

**APEC PRIVACY RECONIGITION FOR PROCESSORS SYSTEM**

**Self-Assessment Form**

“APEC”, “Privacy Recognition for Processors” and “PRP” are marks which belong to the Asia-Pacific Economic Cooperation. All other marks used, including but not limited to “ ”, belong to the Info-communications Media Development Authority.

**NOTE:**

* The Asia-Pacific Economic Cooperation (“APEC”) Privacy Recognition for Processors (“PRP”) is designed to help personal information processors (“processors”) demonstrate their ability to assist personal information controllers (“controllers”) in complying with relevant privacy obligations. This document sets forth the baseline requirements of the PRP against which an APEC-recognized Accountability Agent will assess a processor seeking recognition. To receive such recognition, the processor must meet this baseline set of requirements.
* Information in this Assessment Form is confidential and for the sole purpose of your participation in the APEC Privacy Recognition for Processors (PRP) Certification.
* Organisations shall have written documentation on policies, processes and practises for data protection. Organisations must also demonstrate that their data protection policies, processes and practises are implemented and practised on the ground.

# General Information

|  |  |
| --- | --- |
| Name of Organisation |  |
| Name of point of contact for PRP |  |
| Title |  |
| Email Address |  |
| Contact Number |  |
| Company Registration Number |  |

# APEC PRP System

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List of subsidiaries and/or affiliates governed by your privacy policy to be covered by this certification, their location, and the relationship of each to you.

|  |  |  |
| --- | --- | --- |
| **Name of subsidiary and/or affiliate** | **Location of subsidiary and/or affiliate** | **Relationship of subsidiary and/or affiliate to you** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| For what offering(s) or type(s) of processing service(s) are you applying for recognition? |  |

**SECURITY SAFEGUARDS (Question 1 – 8)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Questions** | **Assessment Requirements (AR)** | **AR Met?** | **Applicant’s response / supporting documents and details** |
| **1** | **Has your organization implemented an information security policy that covers personal information processed on behalf of a controller?** | Where the Applicant answers **YES**, the Accountability Agentmust verify the existence of this written policy.Where the Applicant answers **NO**, the Accountability Agentmust inform the Applicant that the implementation of a written information security policy is required for compliance with this principle. | [ ]  Yes[ ]  No |  |
| **2** | **Describe the physical, technical and administrative safeguards that implement your organization’s information security policy.** | Where the Applicant provides a description of the physical,technical and administrative safeguards used to protectpersonal information, the Accountability Agent mustverify the existence of such safeguards, which may include:* Authentication and access control (e.g. password protections)
* Encryption
* Boundary protection (e.g. firewalls, intrusion detection)
* Audit logging
* Monitoring (e.g. external and internal audits, vulnerability scans)
* Other (specify)

The Applicant must periodically review and reassess thesemeasures to evaluate their relevance and effectiveness.Where the Applicant indicates that it has **NO** physical, technical and administrative safeguards, or inadequate safeguards, to protect personal information, the Accountability Agent must inform the Applicant that theimplementation of such safeguards is required for compliance with this principle. | [ ]  Yes[ ]  No |  |
| **3** | **Describe how your organization makes employees aware of the importance of maintaining the security of personal information.** | The Accountability Agent must verify that the Applicant'semployees are aware of the importance of, and obligationsrespecting, maintaining the security of personal informationthrough regular training and oversight as demonstrated byprocedures, which may include:* Training program for employees
* Regular staff meetings or other communications
* Security policy signed by employees
* Other (specify)

Where the Applicant answers that it does not make employees aware of the importance of, and obligations respecting, maintaining the security of personal information through regular training and oversight, the Accountability Agent has to inform the Applicant that the existence of such procedures are required for compliance with this principle. | [ ]  Yes[ ]  No |  |
| **4** | **Has your organization implemented measures to detect, prevent, and respond to attacks, intrusions, or other security failures related to personal information?** | Where the Applicant answers **YES**, the Accountability Agentmust verify the existence of measures to detect, prevent, and respond to attacks, intrusions, or other security failures related to personal information.Where the Applicant answers **NO**, the Accountability Agentmust inform the Applicant that the existence of such measures is required for compliance with this principle. | [ ]  Yes[ ]  No |  |
| **5** | **Does your organization have processes in place to test the effectiveness of the safeguards referred to in the question above?**  | The Accountability Agent must verify that such tests areundertaken at appropriate intervals, and that the Applicantadjusts their security safeguards to reflect the results of these tests. | [ ]  Yes[ ]  No | Please describe. |
| **6** | **Do you have a process in place to notify the controller of occurrences of a breach of the privacy or security of their organization’s personal information?** | The Accountability Agent must verify that the Applicant has in place appropriate processes to notify the controller ofoccurrences of a breach of the privacy or security of their organization’s personal information. | [ ]  Yes[ ]  No |  |
| **7** | **Has your organization implemented procedures for the secure disposal or return of personal information when instructed by the controller or upon termination of the relationship with the controller?** | Where the Applicant answers **YES**, the Accountability Agentmust verify the existence of procedures for the secure disposal or return of personal information.Where the Applicant answers **NO**, the Accountability Agentmust inform the Applicant that the existence of such procedures is required for compliance with this principle. | [ ]  Yes[ ]  No |  |
| **8** | **Does your organization use third-party certifications or other risk assessments?**  | The Accountability Agent must verify that such risk assessments or certifications are undertaken at appropriateintervals, and that the Applicant adjusts their security safeguards to reflect the results of these certifications or risk assessments. One example is whether privacy compliance audits are carried out by the Applicant and if audits are carried out, the Accountability Agent must verify whether recommendations made in the audits are implemented. | [ ]  Yes[ ]  No | Please describe. |

**ACCOUNTABILITY MEASURES (Question 9 – 18)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Questions** | **Assessment Requirements (AR)** | **AR Met?** | **Applicant’s response / supporting documents and details** |
| **9** | **Does your organization****limit its processing of****personal information to the****purposes specified by the****controller?** | The Accountability Agent must verify that the Applicant haspolicies in place to limit its processing to the purposes specified by the controller. | [ ]  Yes[ ]  No |  |
| **10** | **Does your organization have procedures in place to delete, update, and correct information upon request from the controller?** | The Accountability Agent must verify that the Applicant hasmeasures in place to delete, update, and correct information upon request from the controller where necessary and appropriate. | [ ]  Yes[ ]  No |  |
| **11** | **What measures does your organization take to ensure compliance with the controller’s instructions related to the activities of personal information processing?**  | The Accountability Agent must verify that the Applicantindicates the measures it takes to ensure compliance with the controller’s instructions. | [ ]  Yes[ ]  No | Please describe. |
| **12** | **Have you appointed an individual(s) to be responsible for your overall compliance with the requirements of the PRP?** | Where the Applicant answers **YES**, the Accountability Agentmust verify that the Applicant has designated an employee(s) who is responsible for the Applicant’s overall compliance with the PRP.Where the Applicant answers **NO**, the Accountability Agentmust inform the Applicant that designation of such anemployee(s) is required for compliance with the PRP. | [ ]  Yes[ ]  No |  |
| **13** | **Does your organization have procedures in place to forward privacy-related individual requests or complaints to the controller or to handle them when instructed by the controller?** | Where the Applicant answers **YES**, the Accountability Agentmust verify that the Applicant has procedures in place tohandle, or forward to the controller as appropriate, privacy-related complaints or requests.Where the Applicant answers **NO**, the Accountability Agentmust inform the Applicant that implementation of such procedures is required for compliance with this principle. | [ ]  Yes[ ]  No |  |
| **14** | **Does your organization notify controllers, except where prohibited by law, of judicial or other government subpoenas, warrants or orders that require the disclosure of personal information?** | Where the Applicant answers **YES**, the Accountability Agentmust verify that the Applicant has procedures in place fornotifying the controller, except where prohibited by law, ofjudicial or other government subpoenas, warrants or ordersthat require the disclosure of personal information, as well as provide the necessary training to employees regarding this subject.Where the Applicant answers **NO**, the Accountability Agentmust inform the Applicant that such procedures are required for compliance with this principle. | [ ]  Yes[ ]  No |  |
| **15** | **Does your organization have a procedure in place to notify the controller of your engagement of sub-processors?** | The Accountability Agent must verify that the Applicant has in place a procedure to notify controllers that the Applicant is engaging sub-processors. | [ ]  Yes[ ]  No |  |
| **16** | **Does your organization have mechanisms in place with sub- processors to ensure that personal information is processed in accordance with your obligations under the PRP?****.** | Where the Applicant answers **YES**, the Accountability Agentmust verify the existence of each type of mechanism described.Where the Applicant answers **NO**, the Accountability Agentmust inform the Applicant that implementation of suchmechanisms is required for compliance with this principle. | [ ]  Yes[ ]  No | Please describe |
| **17** | **Do the mechanisms referred to above generally require that sub-processors:**(Please describe in the response box if applicable) | The Accountability Agent must verify that the Applicant makes use of appropriate methods to ensure their obligations are met. |  |  |
| (a) | Follow-instructions provided by your organization relating to the manner in which personal information must be handled? | [ ]  Yes[ ]  No | If YES, describe. |
| (b) | Impose restrictions on further sub-processing | [ ]  Yes[ ]  No | If YES, describe. |
| (c) | Have their PRP recognized by an APEC Accountability Agent in their jurisdiction? | [ ]  Yes[ ]  No | If YES, describe. |
| (d) | Provide your organization with self-assessments or other evidence of compliance with your instructions and/or agreements/contracts? | [ ]  Yes[ ]  No | If YES, describe. |
| (e) | Allow your organization to carry out regular spot checking or other monitoring activities? | [ ]  Yes[ ]  No | If YES, describe. |
| (f) | Other (describe) | [ ]  Yes[ ]  No | Other, please describe |
| **18** | **Do you have procedures in place for training employees pertaining to your privacy policies and procedures and related client instructions?**  | Where the Applicant answers **YES**, the Accountability Agent must verify that the Applicant has procedures in place for training employees relating to personal information management and the controller’s instructions.Where the Applicant answers **NO**, the Accountability Agent must inform the Applicant that the existence of such procedures is required for compliance with this requirement. | [ ]  Yes[ ]  No | Please describe. |

-END OF DOCUMENT-