



# National Information Security Compliance Framework (NISCF) ACCREDITATION REQUEST FORM [NCSA-NISCF-ACCR-RQTF]

## Request Information

Type of Accreditation Service

Request Type

Current Accreditation ID

(If Request type is "Expansion of Existing Scope of Accreditation" or "Renewal of Accreditation", provide the current Accreditation ID.)

## Organization Information

Organization Name

Commercial Registration No.

Establishment Card No.

Organization Address

Tel No.

P.O. Box

Website

Email

Is your organization part of a group or Corporation or a Network Firm?

No, proceed to Nominated Representative(NR) section.

Yes, complete the following.

Group / Corporate / Network Firm Name

Which activities are managed by / supported by / outsourced to the Group, Corporation or Network Firm?

Finance

Internal Audit

Resource management

IT

HR

Others



State your organization's relationship with the related organizations stated above.

### Nominated Representative (NR)

All Applicants and Accredited Service Providers shall formally appoint a Nominated Representative (NR) (Contact Person), who acts as the duly authorized representative of the Service Provider shall have the authority and responsibility for all matters relating to Accreditation and for maintaining the link and communication between the Service Provider and NCSA.

#### Nominated Representative (NR) No.1

Name of Individual

Email  Position/Role

Tel No.  Mob No.

#### Nominated Representative (NR) No.2

Name of Individual

Email  Position/Role

Tel No.  Mob No.



## Declaration

### I, the undersigned hereby:

- Declare that I have the authority, on behalf of this Organization , to submit this request and affirm that the information provided herein is accurate and correct to the best of our knowledge and belief.
- Acknowledge that National Cyber Security Agency (NCSA) reserves the right to reject the request if the information provided is found to be inaccurate, untrue, or outdated.
- Acknowledge that any collected information, referred to as Personal Data, will be processed in accordance with the NCGAA Privacy Notice.
- Confirm that the designated Nominated Representative(s) have knowledge and understanding of all requirements relating to the Accreditation service requested for and possess positive attitude toward Accreditation / Compliance and its processes and will act with diligence and integrity.
- Consent to comply with the relevant NISCF Accreditation Standards, and all applicable requirements, including any future changes in the NISCF Accreditation Requirements published by NCSA.
- Acknowledge that I have read, fully understood, and accepted the Terms and Conditions, and further agree to be bound by the Terms and Conditions.
- Agree to submit to NCSA, two (2) physical copies of relevant Accreditation Agreement, duly signed by the authorized signatory, initialed, and stamped on all the pages, for a new Request for Accreditation.

### Furthermore, I agree to include the following documents as part of the request:

- Documented Information and Evidence(s) listed in NISCF Accreditation Requirements and Evidence Record Form, the relevant and appropriate to the Request Type.
- Accreditation Personnel Record for each individual selected / added to be part of the Service Provider's Accreditation Team.

To be printed, signed, and sealed by an Authorized Signatory as per the establishment card/Computer Card. Please attach copies of the Establishment Card and Signatory QID for verification purposes.

Full Name

Position/Role

Date

.....  
Signature



## For Verification

### Establishment Card

FRONT

Click to Upload Photo

BACK

Click to Upload Photo

### Signatory Qatar ID

FRONT

Click to Upload Photo

BACK

Click to Upload Photo

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### Company Seal