**Risk Acceptance Form**

**Risk Acceptance Statement**

I acknowledge that a division of the department has accepted responsibility for the identified outstanding risk and all its impact(s) for the period not exceeding 1 year from date of approval.

I confirm that the controls listed here were found to be adequate. I understand that this acceptance may be subject to annual follow-up procedures by internal audit.

**1) Details of Risk Assessment**

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| --- |
| **Risk Level:** 🞏 Low 🞏 Moderate 🞏 High 🞏 Extreme |

**2) Justification of Risk Acceptance**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Approvals** | | |
| **System owner** | | |
| **Comments:** | | |
| **Date:** | **Signature:** | □ Yes □ No |
| **Head of Department** | | |
| **Comments:** | | |
| **Date:** | **Signature:** | □ Yes □ No |
| **Head of Information Technology** | | |
| **Comments:** | | |
| **Date:** | **Signature:** | □ Yes □ No |
| **Director of Quality and security of information** | | |
| **Comments:** | | |
| **Date:** | **Signature:** | □ Yes □ No |
| **General Manager of Information Technology and Technical Projects** | | |
| **Date:** | **Signature:** | □ Yes □ No |
| **Comments:** | | |

**Name:** …………………………….…………….. **Signature:** ……………………… **Date:** …………………………..