

**CIRCULAR**

**SEBI/HO/MIRSD/DOP/CIR/P/2019/110**

**October 15, 2019**

**To**

**Registrars to an Issue / Share Transfer Agents**

Dear Sir / Madam,

**Subject: Cyber Security & Cyber Resilience framework for Qualified Registrars to an Issue / Share Transfer Agents**

1. SEBI, vide circular SEBI/HO/MIRSD/CIR/P/2017/100 dated September 08, 2017, prescribed the framework for Cyber Security & Cyber Resilience for Qualified Registrars to an Issue / Share Transfer Agents (QRTAs).
2. Paragraph 51 of Annexure A of the SEBI circular dated September 08, 2017 specifies the following regarding sharing of information:

*Quarterly reports containing information on cyber-attacks and threats experienced by QRTAs and measures taken to mitigate vulnerabilities, threats and attacks including information on bugs / vulnerabilities / threats that may be useful for other QRTAs should be submitted to SEBI in soft copy to [rt@sebi.gov.in](mailto:rt@sebi.gov.in).*

3. In this regard, following guidelines are being issued for submission of report / information and the timelines:
  - 3.1. A format for submitting the reports is attached as Annexure.
  - 3.2. For the quarter ended on September 30, 2019, quarterly reports shall be submitted by QRTAs not later than November 30, 2019 as per the format specified.
  - 3.3. Effective from quarter ending on December 31, 2019, the time period for submission of the report shall be 15 days after the end of the quarter.
  - 3.4. The mode of submission of reports by QRTAs to SEBI shall be through email.
4. This circular is being issued in exercise of powers conferred under Section 11 (1) of the Securities and Exchange Board of India Act, 1992 to protect the interests of investors in securities and to promote the development of, and to regulate the securities market.

Yours faithfully

**D Rajesh Kumar**  
**General Manager**  
**Market Intermediaries Regulation and Supervision Department**



Incident Reporting Form		
1. Letter / Report Subject -		
Name of the intermediary - SEBI Registration no. - Type of intermediary -		
2. Reporting Periodicity Year-		
<input type="checkbox"/> Quarter 1 (Apr-Jun)	<input type="checkbox"/> Quarter 3 (Oct-Dec)	
<input type="checkbox"/> Quarter 2 (Jul-Sep)	<input type="checkbox"/> Quarter 4 (Jan-Mar)	
3. Designated Officer (Reporting Officer details) -		
Name:	Organization:	Title:
Phone / Fax No:	Mobile:	Email:
<b>Address:</b>		
Cyber-attack / breach observed in Quarter: ( If yes, please fill <b>Annexure I</b> )  ( If no, please submit the NIL report)		
Date & Time	Brief information on the Cyber-attack / breached observed	
<b>Annexure I</b>		
1. Physical location of affected computer / network and name of ISP -		
2. Date and time incident occurred -		
Date:	Time:	



3. Information of affected system -				
IP Address:	Computer / Host Name:	Operating System (incl. Ver. / release No.):	Last Patched/ Updated:	Hardware Vendor/ Model:
4. Type of incident -				
<input type="checkbox"/> Phishing <input type="checkbox"/> Network scanning / Probing Break-in/Root Compromise <input type="checkbox"/> Virus/Malicious Code <input type="checkbox"/> Website Defacement <input type="checkbox"/> System Misuse	<input type="checkbox"/> Spam <input type="checkbox"/> Bot/Botnet <input type="checkbox"/> Email Spoofing <input type="checkbox"/> Denial of Service(DoS) <input type="checkbox"/> Distributed Denial of Service(DDoS) <input type="checkbox"/> User Account Compromise	<input type="checkbox"/> Website Intrusion <input type="checkbox"/> Social Engineering <input type="checkbox"/> Technical Vulnerability <input type="checkbox"/> IP Spoofing <input type="checkbox"/> Ransomware <input type="checkbox"/> Other_____		
5. Description of incident -				
6. Unusual behavior/symptoms (Tick the symptoms) -				
<input type="checkbox"/> System crashes <input type="checkbox"/> New user accounts/ Accounting discrepancies <input type="checkbox"/> Failed or successful social engineering attempts <input type="checkbox"/> Unexplained, poor system performance <input type="checkbox"/> Unaccounted for changes in the DNS tables, router rules, or firewall rules <input type="checkbox"/> Unexplained elevation or use of privileges Operation of a program or sniffer device to capture network traffic; <input type="checkbox"/> An indicated last time of usage of a user account that does not correspond to the actual last time of usage for that user <input type="checkbox"/> A system alarm or similar indication from an intrusion detection tool <input type="checkbox"/> Altered home pages, which are usually the intentional target for visibility, or other pages on the Web server	<input type="checkbox"/> Anomalies <input type="checkbox"/> Suspicious probes <input type="checkbox"/> Suspicious browsing New files <input type="checkbox"/> Changes in file lengths or dates <input type="checkbox"/> Attempts to write to system <input type="checkbox"/> Data modification or deletion <input type="checkbox"/> Denial of service <input type="checkbox"/> Door knob rattling <input type="checkbox"/> Unusual time of usage <input type="checkbox"/> Unusual usage patterns <input type="checkbox"/> Unusual log file entries <input type="checkbox"/> Presence of new setuid or setgid files Changes in system directories and files <input type="checkbox"/> Presence of cracking utilities <input type="checkbox"/> Activity during non-working hours or holidays <input type="checkbox"/> Other (Please specify)			
7. Details of unusual behavior/symptoms -				

8. Has this problem been experienced earlier? If yes, details -			
9. Agencies notified -			
Law Enforcement	Private Agency	Affected Product Vendor	Other _____
10. IP Address of apparent or suspected source -			
Source IP address:		Other information available:	
11. How many host(s) are affected -			
1 to 10	10 to 100	More than 100	
12. Details of actions taken for mitigation and any preventive measure applied -			

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