Name of Bank:			
Interface System Name		**Vendor**	**Release Date & version**
System supports the following business functions:			

Vendor Representative Contact Information	**Name**	**Title**	**Department**
	Company Name	**Telephone #**	**E-mail**

			Yes	No	N/A
1.	Has your interface system been **audited** by an approved and recognized organization within the past 1 year?				
	If yes, please provide the name of certifying company, date and standard you have been approved to? Please attach a photocopy of certification documents.				
	If no, why?				
2.	Provide a list of any connected systems: Name of System: Purpose:				
3.	Criticality of System • Confidentiality • Integrity • Availability	Category of Sensitivity(High, Medium, or Low)			

Submit this report at the end of the financial year to KEPSS Support at kepss@centralbank.go.ke

Signed for and behalf of ………………………………

By the duly authorized Signatories

1. Name …………………………………………

   Designation……………………………………

   Signature………………………………………

2. Name …………………………………………

   Designation……………………………………

   Signature………………………………………

Bank stamp