Digital Security Agency

Information and Communications Technology Division
Ministry of Posts, Telecommunications and Information Technology
Web Site: www.dsa.gov.bd

Application Form for Registration of
Security Operation Center (SOC)

□ New   □ RENEWAL

[Incomplete application will not be entertained and summarily rejected]

A. Applicant Profile

1. **Name of Entity:**	
Registered Office Address	
Telephone & Mobile	
Fax	
E-mail	Website

2. **Name of Contact Person:**	
Full Address for Communication	
Telephone & Mobile	
Fax	
E-mail	Website

Types of SOC Establishment:
1. [ ] Organizational SOC :
2. [ ] Managed SOC : (...)
3. [ ] Hybrid SOC: (...)

Types of Requested Security Operations & Relevant Services:		
1. Network Traffic Monitoring:	(Yes [ ]	No [ ])
2. Host Event Monitoring:	(Yes [ ]	No [ ])
3. Threat Intelligence:	(Yes [ ]	No [ ])
4. Threat Detection and Attribution:	(Yes [ ]	No [ ])
5. Incident Response:	(Yes [ ]	No [ ])
6. Vulnerability Management:	(Yes [ ]	No [ ])
7. Forensic Investigation:	(Yes [ ]	No [ ])

B. Technical Profile

Available Human Resources of the Requestor:
1. Total Number of Employees in SOC:
2. SOC Analyst (Monitoring):   (Yes [ ]   No [ ])
3. Incident Responder: (Yes [ ]   No [ ])
4. Threat Intelligent Specialists: (Yes [ ]   No [ ])
5. Forensic Specialist: (Yes [ ]   No [ ])

Available Tools & Technologies of the Requestor:
1. Network Traffic Analysis: (Yes [ ]   No [ ])
2. Event Monitoring: (Yes [ ]   No [ ])
3. SOAR: (Yes [ ]   No [ ])
4. Threat Intelligence: (Yes [ ]   No [ ])

Quality of Service (QoS) of the Requestor:
1. Business Continuity Capacity: (Yes [ ]   No [ ])
2. Disaster Recovery Capacity: (Yes [ ]   No [ ])
3. Network Traffic/Log Retention Capacity: (Yes [ ]   No [ ])
4. Secure Transportation of Network Traffic/Host events and logs: (Yes [ ]   No [ ])
5. Any other:

Remarks

C. Documents to be enclosed for New or Renewal of Registration:

Use tick [√] mark in the appropriate box

Serial	Items	Attached	Not Attached	Remarks
1.	Application in a Letter Head Pad			
2.	SOC Software Details			
3.	Network Diagram in details			
4.	Equipment List			
5.	Description of existing business (if applicable)			
6.	Certified Professionals Bio-Data			
7.	IT Audit Report			
8.	Business Plan			
9.	Contact Person and Alternate Contact Person in-case of Emergency (Tel, Email, Cellphone, WhatsApp, etc.)			

D.   Declaration

1.   Has any Application for SOC been rejected before?   ☐ Yes ☐ No
      (if yes, please give the date of application and reasons for rejection)

2.   Has any Application for SOC issued previously to the Applicant/any Share Holder/Partner been canceled?

      ☐ Yes ☐ No (if yes, please give details)

3.   I/We hereby certify that I/We have carefully read the guidelines/terms and conditions, for the license and I/Weundertake to comply with the terms and conditions therein.

4.   I/We understand that any information furnished in this application is found fake or false or this application form is not duly filled up. The Commission, at any time without any reason whatsoever, may reject the whole application.

5.   I/We understand that if at any time any information furnished for obtaining the license is found incorrect then the license is granted based on such application shall be deemed to be canceled and shall be liable for actionas per Digital Security Act, 2018.

Date: Signature
Place: Name of the applicant/Authorized
                                                                     Signatory with Seal