

Red Team Assessment Prerequisite Form

| Sr No | Legend | Details | Remark |
|--|---|---------|--------|
| 1 | Point of Contact (POC) | | |
| 2 | Corporate Domain | | |
| 3 | Business Criticality | | |
| 4 | Environment | | |
| 5 | Tentative Start Date | | |
| 6 | Tentative End Date | | |
| 7 | Preferred time window for Automated Tool Scanning (if applicable) | | |
| Please Note: Additional Details would be shared after 1st Consultation Call (depending upon scope) | | | |