

Audit Record Query (ARQ) Request Form



FUJITSU RESTRICTED (COMMERCIAL IN CONFIDENCE)

Please complete all relevant fields (highlighted in orange).

POL Reference Details							
ARQ No.:							
Case No.:							
Date submitted to Fujitsu:							
POL Requestor Details							
Requester Name:							
Requester Team:							
Requester Address:							
•							
Contact Telephone Number:							
Signature:							
Mandatory Information							
POL Branch Name:	Tiuniuutoi j		ranch/FAD Cod	le:			
Date From:		Date					
	Specific R						
An ARQ includes a report of all transactions and Transactions only/Events only/Transactions &							
events. Please confirm what is required		Events/Neither (delete as applicable)					
Help desk call logs can also be provided. Are		Yes/No (delete as applicable)					
these required?							
If the date range for help desk call logs is different		Date		Date			
to the mandatory information a	bove, please state -	From:		To:			
otherwise leave blank:							
Are Pouch IDs required		Yes/No (delete as applicable)					
If the date range for Pouch IDs is different to the		Date		Date			
mandatory information above, please state –		From:		To:			
otherwise leave blank:							
Are PAN details required (i.e., credit/debit card			Yes/No (del	ete as appli	cable)		
details)							
If PAN details are required, please specify:		Session ID:					
		Other unique identifier:					
Is an address needed for a recorded delivery?		Yes/No (delete as applicable)					
If address details are required, please specify:		Tracking	barcode:				
Other information:							
(Please note that requests that cannot be specified in the fields above may need new queries to be written							
by Fujitsu. Fujitsu will confirm in							
Interface Interaction logic are i	act nort of the contr	acted AD	O prococe but a	ro provido	d on a goodwill		

Interface Interaction logs are not part of the contracted ARQ process but are provided on a goodwill basis using the ARO request form:

basis using the race request form					
Are Interface Interaction logs required?	Yes/No (delete as applicable)				
If Interface Interaction logs are required, please specify:	Node(s) ⁱⁱⁱ :				
	Date and Time From:				
	Date and Time To:				

Please forward the completed form to CSPOA.Security **GRO** from an authorised POL email sender account.

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TBD

DIMENSIONS

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¹ The Service Description: Security Managed Service (SVM/SDM/SD/0017) Section 2.1.15 describes the format of ARQ responses that are to be provided to POL.

ii Interface Interactions are not subject to any SLA

iii Please do not specify "ALL". Node numbers must be provided