

Standard report for change management programme

**Information
about the licence
holder**

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

Inspection date

Previous inspection:

Current inspection:

Expected date for *next* in-
spection:

**Information
about the inspec-
tion organisation**

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

Link to accreditation

Alternatively, documentation for a valid accreditation can be provided as an appendix to the standard re-
port.

**The inspection
organisation's
supplier**

Information in this section shall only be provided if the inspection organisation uses a supplier.

Name

Address

Zip code and city

Supervisor 1: Name: _____

| | |
|---|------|
| Supervisors experience | Tick |
| 5 years' experience with inspecting gambling systems. | |
| Supervisors certification | Tick |
| ISC2 CISSP | |
| ISACA CISA | |

| | |
|-------------------------------|--------|
| Education | Period |
| | |
| | |
| Other relevant qualifications | Period |
| | |
| | |

| | |
|---|------|
| Supervisors experience | Tick |
| 5 years' experience with inspecting gambling systems. | |
| Supervisors certification | Tick |
| ISC2 CISSP | |
| ISACA CISA | |

Suppliers It is the responsibility of the licence holder that their supplier(s) are inspected. The inspection organisation shall ensure that the licence holder's supplier(s) are inspected in accordance with the Danish certification programme in the period from the previous inspection to the current inspection. Fill in the table below with information on any supplier's inspections.

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Inspection of procedures

The following sections shall indicate whether the licence holder's procedures can be approved with regards to the individual requirements. If the procedures cannot be approved, comments shall be added in the appendix with a description of why the procedures cannot be approved, as well as when the procedure was/ is expected to be remedied. It is important that all non-compliant observations are recorded, even if the procedure has been remedied before the submission of the standard report to Danish Gambling Authority. A description of the requirements can be found in the *Change Management Programme*.

| 3 Change Management Framework | Are all requirements met? | |
|---|---------------------------|----|
| | Yes | No |
| 3.1 Change Management Responsibility | | |
| 3.2 Change Management Planning | | |
| 3.3 Configuration Management | | |
| 3.4 Recording changes in a Change Log | | |
| 3.5 Configuration baseline of the Gambling System | | |

| 4 Change Management Process | Are all requirements met? | |
|---|---------------------------|----|
| | Yes | No |
| 4.1 Justification for change | | |
| 4.2 Evaluation of change | | |
| 4.3 Approval of change | | |
| 4.4 Implementation and verification of change | | |

| 5 Reports from the component register and the change log | Are all requirements met? | |
|--|---------------------------|----|
| | Yes | No |
| 5 Reports from the component register and the change log | | |

| 6 Prior approval of change from Spillemyndigheden | Are all requirements met? | |
|--|---------------------------|----|
| | Yes | No |
| 6.1 Random Number Generator | | |
| 6.2 New games and changes in the existing offer of games | | |

Comments shall be provided in the appendix to the standard report if there are any sections, where the requirements to the license holder's procedures are not met.

Further information

Any further information relevant for the Danish Gambling Authority shall be stated in the appendix to the standard report.

Declaration and signature

By my signature below I declare that the information supplied in this report is correct. I acknowledge that missing information or deliberate misinformation can lead to the report being rejected. Any changes in the supplied information shall be forwarded to the Danish Gambling Authority without delay.

| | | |
|-------|-------|-----------|
| Date | Name | Signature |
| _____ | _____ | |

| | | |
|-------|-------|-----------|
| Date | Name | Signature |
| _____ | _____ | |