Annexure - I

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| **Root Cause Analysis Form/ RCA** | |
| **1. Letter / Report Subject: -** | |
| Name of the Clearing Corporation:  Name of the Clearing Member  Exchange Name and Code: SEBI Registration number: | AMC Repo Clearing Limited |
| **2. Designated Officer and/or Reporting Officer details** | |
| Name: | E-mail: Mobile: |
| **3. Date & Time of Incident & Duration of the Incident** | Date: Time:  Duration: |
| **4. Incident Description & chronology of**  **events (please use additional sheets if required)** | Brief information on the incident observed |
| **5. Business Impact** |  |
| **6. Immediate action taken (please give full details) (Please use additional sheets if required)** |  |
| **7. Date & Time of Recovery** | Date:  Time: |
| **8. Root Cause Summary (Pl attach the detailed Report separately)** |  |
| **9. Details of corrective measures taken** |  |
| **10. Details of long-term preventive measures taken (please give full details) (please use additional sheets if required)** |  |