TFA two-yearly attestations for [Provider Name]

**V0.1 March 2025**

# Two-yearly attestations

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| Declarations from providers to show certain required activities have been completed are due to the TFA every two years, starting from two years following the date of accreditation.  Declarations may be submitted by completing the tables below and sending the completed document to [tfa@dia.govt.nz](mailto:tfa@dia.govt.nz).   |  |  | | --- | --- | |  | **Provider response** | | **TF Provider** |  | | **Date of declaration** |  | | **Period to which the attestations relate** |  |   Per Rule 12(4) of the Digital Identity Services Trust Framework Rules 2024, all Trust Framework providers must review their privacy impact assessment at the earlier of the following:   1. Two years from the previous review; or 2. When there is a change to the accredited digital identity service.   **I/we confirm that the privacy impact assessment for the [*name of service*] service(s) has been reviewed, and updated if necessary.**   |  | | --- | |  |   Signature   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name |  | Position |  | Date |   Per Rule 13(7) all Trust Framework providers must review their security management plan at the earlier of the following:   1. Two years from the previous review; or 2. When there is a change in their structure, function or activities.   **I/we confirm that the security management plan for the [*name of service*] service(s) has been reviewed, and updated if necessary.**   |  | | --- | |  |   Signature   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name |  | Position |  | Date |   Per 17(4) All Trust Framework providers must review their information and data management plan at the earlier of the following:   1. Two years from the previous review; or 2. When there is a change to the accredited digital identity service.   **I/we confirm that the data and management plan for the [*name of service*] service(s) has been reviewed, and updated if necessary.**   |  | | --- | |  |   Signature   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name |  | Position |  | Date | |