



THE GUARDIAN CORPS

Guardian Forces Command Headquater

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GUARDIAN CORPS VULNERABILITY ASSESSMENT REQUEST FORM

Request Date: _____

Requested By: _____

Department/Unit: _____

Contact Information: _____

Name: _____

Email: _____

Phone: _____

1. Purpose of the Vulnerability Assessment

Please briefly describe the primary reason for this vulnerability Assessment request.

2. Scope of the Analysis

Specify the areas, processes, systems, or functions to be analyzed.

3. Objectives

What are the specific objectives or outcomes you expect from this assessment?

4. Background Information

Provide any relevant background, current challenges, or context that will assist in the assessment.

5. Resources and Constraints

Identify any available resources, constraints, or limitations (e.g., time, personnel, budget).



6. Priority Level

- High
- Medium
- Low

Please specify the urgency of this request.

7. Additional Comments or Special Instructions

Approval Section

Supervisor/Manager Name: __

Signature: __

Date: __

For Internal Use Only

Received By: __

Date Received: __

Assigned To: __

Completion Date: __

