

Data Liability Disclaimer

THIS DISCLAIMER FORM MUST BE SIGNED BY THE CUSTODIAN/USER OF THE SYSTEM REFERENCED BELOW PRIOR TO THE COMMENCEMENT OF ANY WORK BY CNS PERSONNEL AND/OR APPOINTED CONTRACTORS.

CNS personnel and/or appointed contractors are trained and committed to exercise all possible efforts to safeguard your hardware and loaded software and data by observing standard protection procedures and utmost precaution in the performance of their work.

Nonetheless, examination, replacement and handling of hardware components and/or installation, upgrade and reconfiguration of operating systems and software applications can be uncertain.

IN NO EVENT WILL CNS PERSONNEL AND/OR APPOINTED CONTRACTORS BE LIABLE FOR ANY SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES. IN CONNECTION WITH, OR ARISING FROM THE WORKS PERFORMED ON THE SYSTEM REFERENCED BELOW (INCLUDING, BUT NOT LIMITED TO, LOSS OF DATA, APPLICATION PROGRAMS, USE, PROFITS OR OTHER ADVANTAGES, OR ANY REPLACEMENT OF DATA RECONSTRUCTION COSTS).

The custodian/user of the referenced system is fully responsible for performing any required backup or data protection before the commencement of any work by CNS personnel and/or appointed contractors.

Please, notice that CNS personnel and/or appointed contractors are not authorized to perform data backup unless the system custodian/user completes a Backup Request form and signs it. CNS maintenance manager in charge approve all Backup before the commencement of the backup work.

- The custodian/user of the referenced system has performed appropriate data backup
- The custodian/user of the referenced system has requested CNS assistance for data backup
- System is unstable and data cannot be backed up (Reason: _____)

THE CUSTODIAN/USER OF THE REFERENCED READ THIS DISCLAIMER AND THE PERTINENT WORK ORDER DETAILS AND AGREES TO THE COMMENCEMENT OF THE WORKS. (Data backup assistance, if requested, is considered as an integral part of the works).

Ref# : _____	Tag # /SN: _____
Full name of custodian/user : _____	
Position : _____	Department : _____
Signature : _____	Date : _____