

Financial Services BYOD Security Policy Acknowledgment

Purpose

Scope

Policy Summary

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Responsibilities

- 1.
- 2.
- 3.

Acknowledgment

I acknowledge that I have read, understood, and agree to comply with the Financial Services BYOD (Bring Your Own Device) Security Policy. I understand that failure to do so may result in disciplinary action.

Name:

Department:

Date:

Signature: