

De Nederlandsche Bank N.V.

Onderwerp
TARGET Services Compensation Schema

ATTACHMENT 3

TARGET COMPENSATION SCHEME – CLAIM FORM¹
(Please complete sections 1 to 4 and send both the electronic and signed original forms to your CB)

| | |
|---|--|
| DATE OF THE TECHNICAL MALFUNCTION OF | |
|---|--|

1. CLAIMANT INFORMATION

| | | | |
|---|--|---|-------|
| 1.1. CLAIMANT'S NAME: | | | |
| 1.2. CLAIMANT'S REFERENCE: | | | |
| 1.3. ACCOUNT NUMBER: | | | |
| 1.4. ADDRESS: | | | |
| 1.5. TELEPHONE: | | | |
| 1.6. E-MAIL: | | | |
| 1.7. CONTACT PERSON AND POSITION: | | | |
| 1.8. CLAIMANT'S CB (ISO country code): | | 1.9. IS CLAIMANT A COUNTERPARTY FOR EUROSISTEEM MONETARY POLICY OPERATIONS? <i>(Please tick as appropriate)</i> | YES |
| | | | NO |
| 1.10. IS CLAIMANT A PAYER OR PAYEE? <i>(Please tick as appropriate)</i> | | | PAYER |
| | | | PAYEE |

¹ Each claim form should only contain claims and information relating to payments exchanged between a single claimant and counterparty, which could not be executed on the date of the technical malfunction of TARGET.

2. CLAIMANT'S COUNTERPARTY INFORMATION

| | | | |
|--|--|--|-------|
| 2.1. COUNTERPARTY'S NAME: | | | |
| 2.2. ACCOUNT NUMBER: | | | |
| 2.3. COUNTERPARTY'S CB (ISO country code): | | | |
| 2.4. IS COUNTERPARTY A PAYER OR PAYEE? <i>(Please tick as appropriate)</i> | | | PAYER |
| | | | PAYEE |

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3. ACCOUNTING INFORMATION
(Please only fill in those fields which apply)

| AMOUNT OF NON- EXECUTED PAYMENTS DUE TO THE TECHNICAL MALFUNCTION OF TARGET | Payers | |
|---|--|-----|
| | 3.1. Recourse to the deposit facility of the Eurosystem. | EUR |
| | 3.2. Excess funds remunerated on CLM, RTGS DCA or Sub account. ² | EUR |
| | 3.3. Funds remunerated as additional positive end-of-day balances on the CLM, RTGS DCA or Sub account. ³ | EUR |
| | 3.4. Funds used to fulfil Eurosystem minimum reserve requirements. | EUR |
| | 3.5. Funds invested in the market. | EUR |
| | 3.6. Funds left unremunerated on the CLM, RTGS DCA or Sub account owing to market or deposit facility closure or minimum reserves already being fulfilled. | EUR |
| | Payees | |
| | 3.7. Recourse to the Eurosystem's marginal lending facility. | EUR |
| | 3.8. Amount borrowed from the CB. ⁴ | EUR |
| 3.9. Debit balance on the CLM, RTGS DCA or Sub account. ⁴ | EUR | |
| 3.10. Spill-over from intraday credit into overnight credit on the CLM, RTGS DCA or Sub account at the close of the business day. | EUR | |
| TOTAL | EUR | |

² Applies to TARGET participants in TARGET component systems of Eurosystem CBs that are not counterparties for Eurosystem monetary policy operations.

³ Applies to TARGET participants in TARGET component systems of connected CBs.

⁴ Applies to TARGET participants in TARGET component systems of Eurosystem CBs that are not counterparties for Eurosystem monetary policy operations, and to TARGET participants in TARGET component systems of connected CBs.

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4. FOR CLAIMANTS ONLY

4.1. PAYMENT DETAILS

| 4.1.1. Payment number | 4.1.2. Instructing participant's payment reference | 4.1.3. Malfunction period (in number of days) | 4.1.4. Amount of the payment order for which compensation is claimed | 4.1.5. Supplementary details (e.g. evidence) <i>(Optional)</i> |
|-----------------------|--|---|--|--|
| | | | EUR | |
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| | | | | |
| TOTAL AMOUNT | | | | |

4.2. EXPLANATORY NOTES RELEVANT TO THE ASSESSMENT (optional)

4.3. ATTACHED DOCUMENTS

(please list all the documents enclosed as evidence):

-
-
-
-

Name of authorised signatory: _____

Authorised signature

Company stamp

Place and date

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5. FOR CLAIMANT'S CB ONLY

5.1. CB CONTACT PERSON INFORMATION

| | |
|------------|--|
| NAME: | |
| TELEPHONE: | |
| E-MAIL: | |
| FAX: | |

5.2. GENERAL CLAIM INFORMATION

| | | |
|-------------------------------|----------------------------------|--|
| CLAIM REFERENCE NUMBER: | | |
| DATE WHEN CLAIM WAS RECEIVED: | | |
| DEPOSIT RATE: | | |
| REFERENCE RATES: ⁵ | EUROSYSTEM MARGINAL LENDING RATE | |
| | RATE | |

5.3. CB's PRELIMINARY ASSESSMENT

| 5.3.1. Payment number | 5.3.2. Instructing participant's payment reference | 5.3.3. Malfunction period (in number of days) | 5.3.4. Amount of the payment order for which compensation is claimed EUR | 5.3.5. Interest compensation EUR | 5.3.6. Use of funds EUR | 5.3.7. Administration fee EUR | 5.3.8. Compensation amount claimed [(5.3.5-5.3.6) + 5.3.7] EUR | 5.3.9. CB's comments | 5.3.10. Assessed compensation amount EUR |
|-----------------------|--|---|---|-------------------------------------|----------------------------|----------------------------------|--|----------------------|---|
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| TOTAL | | | | | | | | | |

⁵ Please list daily rates where the technical malfunction of TARGET lasted longer than one day.

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| 6. ECB's FINAL ASSESSMENT AND COMPENSATION OFFER | | | | | | | | 7. Cl offer |
|--|--|---|---|---------------------------------------|------------------------------|------------------------------------|--|-----------------------|
| 6.1. Payment number | 6.2. Instructing participant's payment reference | 6.3. Malfunction period (in number of days) | 6.4. Amount of payment order for which compensation is claimed EUR | 6.5. Interest compensation EUR | 6.6. Use of funds EUR | 6.7. Administration fee EUR | 6.8 Compensation offer ⁶ EUR | TO B CLAI appro |
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| TOTAL | | | | | | | | |

⁶ The making of any compensation offer(s) and/or payment of any compensation shall not constitute an admission of liability by any CB in respect of a technical malfunction of TARGET.

CLAIMANT'S ACCEPTANCE OF THE OFFER:

If a participant accepts a compensation offer under the TARGET compensation scheme, this shall constitute the participant's irrevocable agreement that it thereby waives all claims it may have against any CB in relation to the payment orders concerning which it accepts compensation (including any claims for consequential loss), and that the receipt by it of the corresponding compensation payment constitutes full and final settlement of all such claims. The participant shall indemnify the CBs concerned, up to a maximum of the amount received under the TARGET compensation scheme, in respect of any further claims which are raised by any other participant or any other third party in relation to the payment order or payment concerned.

Name of authorised signatory: _____

 Authorised signature
 stamp
 date

 Company
 Place and