



De Nederlandsche Bank

ATTACHMENT 3

TARGET2 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 TARGET2 | |
|---|--|

1. CLAIMANT INFORMATION

| | | | |
|---|--|---|------------|
| 1.1. CLAIMANT'S NAME: | | | |
| 1.2. CLAIMANT'S REFERENCE: | | | |
| 1.3. BANK IDENTIFIER CODE (BIC): | | | |
| 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 EUROSISTEM MONETARY POLICY OPERATIONS? <i><u>(Please tick as appropriate)</u></i> | YES |
| | | | NO |
| 1.10. IS CLAIMANT A PAYER OR PAYEE? <i><u>(Please tick as appropriate)</u></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 TARGET2.

2. CLAIMANT'S COUNTERPARTY INFORMATION

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|--|--|--------------|--|
| 2.1. COUNTERPARTY'S NAME: | | | |
| 2.2. BIC: | | | |
| 2.3. COUNTERPARTY'S CB (ISO country code): | | | |
| 2.4. IS COUNTERPARTY A PAYER OR PAYEE? <i><u>(Please tick as appropriate)</u></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 MALFUNC- TION OF TARGET2 | Payers | |
| | 3.1. Recourse to the deposit facility of the Eurosystem. | EUR |
| | 3.2. Excess funds remunerated in the PM account. ² | EUR |
| | 3.3. Funds remunerated as additional positive end-of-day balances on the PM 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 PM 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 PM account. ⁴ | EUR | |
| | 3.10. Spill-over from intraday credit into overnight credit on the PM account at the close of the business day. | EUR |
| | TOTAL | EUR |

² Applies to TARGET2 participants in TARGET2 component systems of Eurosystem CBs that are not counterparties for Eurosystem monetary policy operations.

³ Applies to TARGET2 participants in TARGET2 component systems of connected CBs.

⁴ Applies to TARGET2 participants in TARGET2 component systems of Eurosystem CBs that are not counterparties for Eurosystem monetary policy operations, and to TARGET2 participants in TARGET2 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 EUR | 4.1.5. Supplementary details (e.g. evidence) <i>(Optional)</i> |
|-----------------------|--|---|---|---|
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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 | |
| | EONIA 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 TARGET2 lasted longer than one day.



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| 6. ECB's FINAL ASSESSMENT AND COMPENSATION OFFER | | | | | | | | 7. Claimant's acceptance of 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 BE COMPLETED BY CLAIMANT Please tick as appropriate | |
| | | | | | | | | YES | NO |
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| TOTAL | | | | | | | | | |

⁶The 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 TARGET2.

CLAIMANT'S ACCEPTANCE OF THE OFFER:

If a participant accepts a compensation offer under the TARGET2 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 TARGET2 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

Company stamp

Place and date