

## TARGET COMPENSATION SCHEME – CLAIM FORM<sup>1</sup> (Please complete sections 1 to 4 and send signed original form to your home NCB)

DATE(S) OF THE MALF	UNCTION		-	
1. CLAIMANT INFORMATIO	DN			
1.1. CLAIMANT'S NAME:				
1.2. CLAIMANT'S REFERENCE:				
1.3. BANK IDENTIFIER CODE (B	IC) <sup>2</sup> :		-	
1.4. ADDRESS:				
1.5. TELEPHONE:				-
1.6. E-MAIL:				
1.7. CONTACT PERSON AND PO	SITION:			
1.8. CLAIMANT'S HOME NCB		1.9. IS CLAIMANT A COUNTERPARTY TO EUROSYSTEM	YES	
(ISO country code):		MONETARY POLICY OPERATIONS? (Please tick as appropriate)	NO	
	G TARGET PAR	RTICIPANT OR A RECEIVING TARGET PARTICIPANT?	SENDING	-
(Please tick as appropriate)			RECEIVING	-
1.11. PARTICIPANT TYPE (Please	tick as appropria	<u>te):</u>	DIRECT	
			INDIRECT	
1.12. CLAIM ISSUED ON BEHALF OF:	NAME		,	
(Credit institution, if not the same as 1.1.)	BIC <sup>2</sup>			
1.13. DETAILS OF ACCOUNT TO COMPENSATION SHOULD BE C		BANK NO BRANCH NO/ SORT CODE/BLZ, etc. ACCOUNT NO		

## 2. CLAIMANT'S COUNTERPARTY INFORMATION

2.1. COUNTERPARTY'S NAME:		
2.2. BIC <sup>3</sup> :		
2.3. COUNTERPARTY'S HOME NCB (ISO country code):		
2.4. COUNTERPARTY'S POSITION IN THE TARGET PAY	MENT (Please tick as appropriate)	SENDING
		RECEIVING
2.5. COUNTERPARTY PARTICIPANT TYPE (Please tick as	appropriate):	DIRECT
		INDIRECT

<sup>&</sup>lt;sup>1</sup> Each claim form should only contain claims and information relating to payments between a single claimant and counterparty, which could not be executed on the date of the malfunction

<sup>&</sup>lt;sup>2</sup> Or national bank identification code if participant has no BIC.

<sup>&</sup>lt;sup>3</sup> Or national bank identification code if participant has no BIC.



## 3. ACCOUNTING INFORMATION

(Please only fill in those fields which apply)

	Sending Participants	3						
	3.1. Recourse to the deposit facility of the Eurosystem.	EUR						
	3.2. Excess funds remunerated in the RTGS account. 4	EUR						
	3.3. Funds remunerated as additional positive end-of-day balances on the RTGS account. <sup>5</sup>	EUR						
	3.4. Funds used to fulfil Eurosystem minimum reserve requirements.	EUR						
AMOUNT OF PAYMENTS NOT PROCESSED	3.5. Funds invested in the market.	EUR						
DUE TO THE TARGET MALFUNC- TION	3.6. Funds left unremunerated in an NCB's/the ECB's current account owing to market or deposit facility closure or minimum reserves already being fulfilled.	EUR						
	3.7. Funds blocked in the TARGET system and returned to the participant on a later value date.	EUR						
	Receiving Participants							
	3.8. Recourse to the Eurosystem's marginal lending facility.	EUR						
	3.9. Amount borrowed from the home NCB. <sup>6</sup>	EUR						
	3.10. Debit balance on the RTGS account. <sup>6</sup>	EUR						
	3.11. Spillover from intraday credit into overnight credit on the RTGS account at TARGET close of business. <sup>6</sup>	EUR						
	TOTAL	EUR						

Applies to TARGET participants in national RTGS systems of participating Member States that are not counterparties to the Eurosystem monetary policy operations.

<sup>&</sup>lt;sup>4</sup> Applies to TARGET participants in national RTGS systems of non-participating Member States.

<sup>6</sup> Applies to TARGET participants in national RTGS systems of non-participating Member States that are not counterparties to Eurosystem monetary policy operations, or to TARGET participants in national RTGS systems of non-participating Member States.



## 4. FOR CLAIMANTS ONLY

1.1. Payment number	4.1.2. Sender'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) (optional)
			EUR	
OTAL AMOUNT				
3. ATTACHED I please list all the do	OCUMENTS ocuments enclosed as	s evidence):		
Jame of authorised	signatory:			
authorised signature			Claiman	t's seal Place and date



## 5. FOR HOME NCB ONLY

## 5.1. NCB CONTACT PERSON INFORMATION

NAME:	
TELEPHONE:	
E-MAIL:	
FAX:	

#### **5.2. GENERAL CLAIM INFORMATION**

CLAIM REFERENCE NUM						
DATE WHEN CLAIM WA	S RECEIVED:					
DEPOSIT RATE:	DEPOSIT RATE:					
REFERENCE RATES: <sup>7</sup>	EUROSYSTEM					
	MARGINAL LENDING					
	RATE					
	EONIA RATE					

## 5.3. HOME NCB's PRELIMINARY ASSESSMENT

Payment	payment	period (in number of days)		5.3.5. Interest compensation		5.3.7. Administration fee  EUR	5.3.8. Compensation amount claimed [(5.3.5-5.3.6) + 5.3.7]	5.3.9.Home NCB's comments	5.3.10. Assessed compensation amount
			EUR	EUR	EUR		EUR		EUR
TOTAL									

4

 $<sup>^{\,7}</sup>$  Please list daily rates where the malfunction lasted longer than one day



# 6. FOR MALFUNCTIONING NCB ONLY (If not the same as Home NCB)

#### 6.1. NCB CONTACT PERSON INFORMATION

NAME:	
TELEPHONE:	
E-MAIL:	
FAX:	

#### 6.2. MALFUNCTIONING NCB's PRELIMINARY ASSESSMENT

Payment number	Sender's	Malfunction period (in number of days)	the payment order		6.2.6. Use of funds	6.2.7. Administration fee EUR	6.2.8. Compensation amount claimed [(6.2.5-6.2.6) + 6.2.7]	6.2.9.Malfunctioning NCB's comments (if different from 5.3.9)	6.2.10 Assessed compensation amount
			EUR	EUR	EUR		EUR		EUR
TOTAL		1							



			8 Claimant's acceptance of offer						
7.1. Payment number	payment	number of days)		7.5. Interest compensation	7.6. Use of funds	7.7. Administration fee  EUR	7.8 ECB compensation offer <sup>8</sup>	TO BE COMPLETED Please tick as appropr	
			EUR	EUR	EUR		EUR	YES	NO
TOTAL		_							

<sup>&</sup>lt;sup>8</sup> The making of any compensation offer(s) and/or payment of any compensation shall not constitute an admission of liability by any NCB or the ECB in respect of a malfunction.

#### CLAIMANT'S ACCEPTANCE OF THE ECB's OFFER:

The acceptance of a compensation offer (under 8 above) shall constitute the irrevocable agreement of the undersigned that it thereby waives all claims in relation to each payment order for which the compensation offer is accepted, and which the undersigned may have against any member of the ESCB, either in accordance with national laws or otherwise. This includes any claims for consequential damages. Receipt of the corresponding compensation payment by the undersigned shall be in full and final settlement of all such claims. The acceptance of a compensation offer (under 8 above) shall also constitute the irrevocable agreement of the undersigned, in relation to each payment order for which the compensation offer is accepted, to indemnify the ESCB up to the amount received against any further compensation which might be claimed by any other TARGET participant in relation to such payment order.

Name of authorised signatory:	_	
Authorised signature	Claimant's seal	Place and date