

TARGET2 form for collection of Static Data – Form for setting up a TIPS Reachable Party –

A,B	PARTY BIC:	PARENT BIC:	
C,D,E	New	Modify	Close
F,G,H	Production	Pre-Production	Date:
I,J	Ref:	rel. Ref:	
K,L	Activation date:	Responsible CB:	

1. Reachable Party		Relevant GUI Screen
11,12	PARTY BIC: _____ PARENT BIC: _____ _____	<i>Party – new/edit</i>
13	Party Long Name: _____ _____	
14	Party Short Name: _____	
15	Party Type:	
16	Address	
16a	Street: _____	
16b	House Number: _____	
16c	Postal Code: _____	
16d	City: _____	
16e	State or Province: _____	
16f	Country Code: _____	

2. Party Service Link		
21	Service	<i>Party Service Link – new/edit</i>
22	Party Type	

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3. Technical Addresses (if CMB is opened under the Reachable Party's BIC)

	Technical Address (instant messaging)	Network Service Name	<i>Technical Address Network Services Links – new/edit</i>
31a			
31b			
31c			

4. Access rights management - Roles

41	Role	Two-eyes mode	Four-eyes mode	<i>Grant/Revoke roles</i>
	PB Party Administrator - Basic			
	PB Access rights administrator - Advanced			
	PB Reading role			
	PB Instant Payment Manager			
	PB CRDM-Access			
	PB TIPS Party Query Manager			

5. Authorised Account User (Optional)

51	CMB account number _____	<i>Authorised Account User New</i>
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Page 3 of 3

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The Undersigned declare(s) to have the full capacity and authority to execute the TIPS Static Data form on behalf of the Party requesting activation of the registration.

The Undersigned furthermore declare(s) that the Reachable Party covered by this registration form has adhered to the SEPA Instant Credit Transfer (SCT Inst) scheme of the European Payments Council.

Der/die Unterzeichnende(n) erklärt/erklären, dass er/sie die uneingeschränkte Befugnis besitzt/besitzen, das TIPS-Stammdaten-Formular für und im Namen des Teilnehmers, der eine Aktivierung der Registrierung beantragt, auszufertigen.

Der/die Unterzeichnende(n) erklärt/erklären darüber hinaus, dass die Reachable Party dem SEPA Instant Credit Transfer (SCT Inst) Scheme des European Payments Council beigetreten ist.

Date,	Name	Signature of the TIPS DCA holder Party
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Date,	Name	Signature of the TIPS DCA holder Party
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