

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. Party		Relevant GUI Screen
11	Party Long Name:	<i>New Party</i>
12	Party Short Name:	
13	Address	
13a	Street:	
13b	House Number:	
13c	Postal Code:	
13d	City:	
13e	State or Province:	
13f	Country Code:	

2. Technical Addresses		
21	Technical Address Network Service Name	<i>New Party / Technical Address Network Services Links</i>



TARGET2 form for collection of Static Data – Main Form for Payment Banks (DCP) –

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3. Default Routings (initial set-up)			
31	Technical Address	Network Service Name	<i>New Routing</i>

4. Access rights management - Roles				
41	Role	Two-eyes mode	Four-eyes mode	<i>Grant/Revoke roles</i>
	Party Administrator			
	AH Access Rights Admin			
	AH T2S Reader			
	AH CRDM Reader			
	AH CRDM Configuration Manager			
	AH CRDM AMG Manager			
	AH T2S Liquidity Manager			
	AH CRDM Liquidity Manager			
	AH T2S CMB Manager			
	AH CRDM Access			
	AH ESMIG Access			



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	AH T2S Collateral Manager			
	AH Bill Reader			

5. Secured Group

Form No 7000

Form No 7000

51	<p>Creation of a new secured group</p> <p>New secured group type Secured Group Identification <i>(to be filled by the Central Bank)</i></p>	<i>New secured group</i>
52	<p>Request for Inclusion on a Secured group</p> <p>Secured group Identification Identification of the party responsible for the secured group <i>(Parent BIC/Payment Bank BIC)</i></p>	<i>New secured group</i>



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6. Secondary Credit Memorandum Balance

61	Secondary CMB:	Yes	No	<i>n. a.</i>
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7. Client Auto-collateralisation

71	Client Auto-collateralisation:	Yes	No	<i>n. a.</i>
72	Collateralisation procedure:			<i>New party</i>
73	Technical Address to send daily securities valuations via flat files:			<i>n.a.</i>

8. Party Minimum amount

81	Auto-collateralisation:			<i>New Party</i>
82	Client collateralisation:			

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The Undersigned declare(s) to have the full capacity and authority to execute the TARGET2 form for and on behalf of the Participant requesting activation of the registration.

Date, Name(s) Signature(s)