**Act on behalf form**

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| TARGET Participant | Participant name:       | Banca d’ItaliaNational Service DeskEmail:target.services@bancaditalia.itTelephone number:+39 06 47925700 |
| **Participant BIC:**       |
| **Contact name:**        | **Role:**        |  |
| **Phone:**       | **Fax:**       | **Email:**       |
| Date: 01/01/2022 | Reference number:      |
| TARGET services where the NCB has to insert the requested data: | CLM [ ]  | RTGS [ ]  | TIPS [ ]  | T2S [ ]  | CRDM [ ]  | ECONS II [ ]  |
| Type of transfer (in case of RTGS, CLM, ECONS II) | Payment [ ]  | Liquidity transfer [ ]  |

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| Liquidity transfer order  |

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| **Debit Account** | **Credit Account**  | **Amount** | **Currency** | **End-to-end ID** |
|       |       |  |     |  |
|       |       |  |     |  |
|       |       |  |     |  |
|       |       |  |     |  |

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| RTGS mandated payment (pacs.009) |
| Business Application Header |
| / From / BICFI |       |
| / To / BICFI |       |
| Financial Institution Credit Transfer / Credit Transfer Transaction Information |
| / Instructing Agent / BICFI |       |
| / Debtor / Debtor ID |       |
| / Instructed Agent / BICFI |       |
| / Creditor / Creditor ID  |       |
| / Interbank Settlement / Interbank Settlement Amount |       |
| / Interbank Settlement / Interbank Settlement Currency |       |
| / Interbank Settlement / Interbank Settlement Date | Click or tap to enter a date.  |
| / Payment ID / Instruction ID |     |
| / Payment ID / End-to-end ID |       |
| / Payment Type Information/ Instruction Priority |       |
| Insert non mandatory field (if needed) |       |
| Insert non mandatory field (if needed) |       |

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| CustomerCreditTransfer message (pacs.008) |
| Business Application Header |
| / From / BICFI |       |
| / To / BICFI |       |
| FI to FI Customer Credit Transfer/ Credit Transfer Transaction Information |
| / Instructing Agent / BICFI |       |
| / Debtor / Debtor ID |       |
| / Debtor Agent / Debtor Agent FI ID |       |
| / Instructed Agent |       |
| / Creditor (Creditor ID and Creditor Account ID) |       |
| / Creditor Agent / Creditor Agent FI ID |        |
| / Interbank Settlement (Amount) |       |
| / Interbank Settlement (Date) | Click or tap to enter a date. |
| / Interbank Settlement (Settlement Priority) |  |
| / Payment ID (Instruction ID and End to End ID) |       |
| / Payment Type Information/ Instruction Priority |       |
| Insert non mandatory field (if needed) |       |
| Insert non mandatory field (if needed) |       |

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| PaymentReturn message (pacs.004) |
| Business Application Header |
| / From / BICFI |       |
| / To / BICFI |       |
| Payment Return/Transaction Information |
| / Instructing Agent / BICFI |       |
| / Instructed Agent / BICFI |       |
| / Original Message Information |       |
| / Original Interbank Settlement (Settlement Amount) |        |
| / Original Interbank Settlement (Date) | Click or tap to enter a date. |
| / Interbank Settlement (Amount) |       |
| / Interbank Settlement (Date) | Click or tap to enter a date. |
| / Interbank Settlement (Priority) |  |
| / Return Reason Information (Reason Code) |       |
| Insert non mandatory field (if needed) |       |
| Insert non mandatory field (if needed) |       |

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| AS files  |

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| **File Name** | **Party name** | **Party Technical Address** | **Business Identifier** | **Request Type ID** |
|  |  |  |  |  |
| **Compression** | **Technical service ID** |
| **None** | T2RTGS | SWIFT | FILESNF |  |

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| CRDM  |

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| **Current setup** | **Future setup** |
|       |       |

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| ECONS II |

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| --- | --- | --- | --- | --- | --- | --- |
| **Debiting BIC** | **Crediting BIC** | **Amount** | **Currency** | **Entry and approval (X)** | **Only approval (X)** | **Free field (not mandatory)**  |
|  |  |  |     |  |  |  |
|  |  |  |     |  |  |  |
|  |  |  |     |  |  |  |
|       |  |  |     |  |  |  |

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| Other requests |

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| **Current setup** | **Future setup** |
|       |       |

The signer(s) declare(s) to have the full capacity and authority to execute the form for and on behalf of the participant.

The Act on Behalf Form must be digitally signed by an employee listed in Allegato 2 (Elenco dei dipendenti autorizzati per le procedure di contingency) of “Contratto per la partecipazione a TARGET Banca d’Italia“. The form must be sent to the email address target.services@bancaditalia.it and anticipated by phone to +39 06 4792 5700. Only and exclusively in the event of unavailability of the digital signature tool, a wet signature can be used and the signed form must be sent to the email address target.services@bancaditalia.it.