

TARGET2 form for collection of Static Data – Form for Dedicated Cash Account (DCP) –

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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. DCA	Relevant GUI Screen
11	DCA number:	<i>New Dedicated Cash Account</i>
12	Cash account type:	
13	Floor Notification Amount:	
14	Ceiling Notification Amount:	
15	External RTGS account number:	
16	Optional Cash Sweep: Yes No	<i>New Standing/Pred efined liquidity transfer orders</i>

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New	Modify	Close
BIC:	PARENT BIC:	Activation date:

2. Credit Memorandum Balance		
21	Primary CMB:	
22	Authorized BIC Rules BICs: Inclusion	
23	Receiving Securities Account Number (only in pledge case):	

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New	Modify	Close
BIC:	PARENT BIC:	Activation date:

24a, b	Central Bank Auto-collateralisation:	Yes	No	<i>New Limit</i>
24c	Requested auto-collateralisation limit:			
25 a	PM account for automatic auto-collateralisation reimbursement			<i>n.a.</i>
25 b	PM account BIC:			
25b	PM account holder MFI code:			
26 a, b	Securities accounts for collateral supply (securities account number)		CSD participant identification (Parent BIC/CSD participant BIC)	<i>n.a.</i>

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3. Secured Group				
31	<p>Request for Inclusion on a Secured group</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: center; vertical-align: top;"> Secured group Identification </td> <td style="width: 60%; text-align: center; vertical-align: top;"> Identification of the party responsible for the secured group (Parent BIC/Payment Bank BIC) </td> </tr> </table>	Secured group Identification	Identification of the party responsible for the secured group (Parent BIC/Payment Bank BIC)	New secured group
Secured group Identification	Identification of the party responsible for the secured group (Parent BIC/Payment Bank BIC)			

Both parties confirm that they have agreed on the link between the mentioned PM account and the DCA.

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.

PM account holder:

(Holder of the PM account indicated in field 15 – *External RTGS account number*)

Date,
Name(s)
Signature(s)

DCA holder:

Date,
Name(s)
Signature(s)