

 BANQUE CENTRALE DU LUXEMBOURG EUROSystème  <b>ACT ON BEHALF REQUEST</b>  This form must be sent to: <a href="mailto:NSD.TARGET@bcl.lu">NSD.TARGET@bcl.lu</a>  This form must be signed by two authorised signatories and include the calculated test key where applicable.	Participant:	
	BIC:	
	Contact person:	
	Phone:	
	Email:	

TARGET services	CLM	RTGS	T2S	TIPS	ECONS II
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LIQUIDITY TRANSFER ORDER	
TEST KEY:	
Debit Account – Account Number:	
Credit Account – Account Number:	
Value Date (format: dd.mm.yy):	
Liquidity Transfer Amount (EUR):	
End-to-end ID:	
Debtor BIC:	
Creditor BIC:	

MANDATED PAYMENT: FINANCIAL INSTITUTION CREDIT TRANSFER (PACS.009)	
TEST KEY:	
BUSINESS APPLICATION HEADER (BAH)	
/ From / BICFI:	BCLXLULLXXX
/ To / BICFI:	
Financial Institution Credit Transfer	
/ Instructing Agent (BICFI) :	
/ Debtor / Debtor ID (BICFI):	
/ Instructed Agent (BICFI):	
/ Creditor / Creditor ID:	
/ Interbank Settlement Amount:	
/ Interbank Settlement Currency (EUR):	EUR
/ Interbank Settlement Date (format: dd.mm.yy):	
/ Payment ID / Instruction ID:	
/ Payment ID / End-to-end ID:	
/ Local Instrument Code (MANP):	MANP
/ additional non mandatory field:	

ECONS II INSERT PAYMENT	
TEST KEY:	
Debtor BIC:	
Creditor BIC:	
Amount (EUR):	
Value Date (format: dd.mm.yy):	
Currency (EUR):	EUR

RTGS A2A FILE UPLOAD (* UTF-8 TXT.FILE MAX. 32MB*)	
PLEASE PROVIDE THE TXT. FILE AS ZIP FILE BY E-MAIL WITH THE CALCULATED TEST KEY AS UNIQUE PASSWORD PROTECTION	
TEST KEY:	
Value date of the file upload (format: dd.mm.yy):	
Party Technical Address (Participant DN of the technical sender):	
Technical Service ID:	
Business Sign DN (Participant DN of the sending A2A user):	

REQUEST EXCEPTIONAL PAYMENT FUNCTIONALITY (BACK UP PAYMENT)	
ACTIVATION REQUEST:	Activation

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Authorised Signature 1

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Authorised Signature 2