BANQUE CENTRALE DU LUXEMBOURG
EUROSYSTEM

Act on behalf form

National Service Desk	**Central bank name: Banque Centrale du Luxembourg**						**BCL National Service Desk** **Email:** NSD.Target@bcl.lu
	Recorded Phone:+35247744199 Click or tap here to enter text.	Click or tap here to enter text.	**Email: NSD.Target@bcl.lu**				
TARGET Participant	**Participant name:** Click or tap here to enter text.						
	Participant BIC: Click or tap here to enter text.						
	Contact name (optional): Click or tap here to enter text.	**Role:** Click or tap here to enter text.					
	Phone: Click or tap here to enter text.	**Click or tap here to enter text.**	**Email: Click or tap here to enter text.**				
Date: Click or tap to enter a date.	Test Key:						
TARGET services:	CLM ☐	RTGS ☐	TIPS ☐	T2S ☐	ECONS II ☐		
Type of transfer (in case of RTGS, CLM, ECONS II)	Payment ☐		Liquidity transfer ☐				

[1] Select the specific service/s where the BCL have to insert the requested data. Test Key and two authorized signatures required

Liquidity transfer order

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

RTGS 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	
/ Local Instrument Code :	MANP
Insert non mandatory field (if needed)	

ECONS II

Debiting BIC	Crediting BIC	Amount	Currency	Free field (not mandatory)

Other requests

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.

X	X
Date	Signature Name

X	X
Date	Signature Name