

<i>High level of internal escalation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes and crisis mode has been (or is likely to be) activated <input type="checkbox"/> No	
	Short description of the level of internal escalation of the incident	
<i>Other PSPs or relevant infrastructures potentially affected</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Short description on how the incident might affect other PSPs and/or infrastructures	
<i>Reputational impact</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Short description on how the incident may affect the reputation of the PSP	

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- > 10% of the regular level of transactions or > 100,000 euros
- > 25% of the regular level of transactions or > 5,000,000 euros

(*) Scroll-down Menu**

- > 500 or > 10% of the payment service users
- > 5,000 or > 25% of the payment service users

(**) Scroll-down Menu**

- > 2 hours
- > 1 day

(***) Scroll-down Menu**

- Not applicable
- Max (0,1 % capital; 200,000 euros)
- > 5,000,000 euros

B 3 – Incident Description

<i>Type of Incident</i>	<input type="checkbox"/> Operational <input type="checkbox"/> Security	
<i>Cause of incident</i>	<input type="checkbox"/> Under investigation <input type="checkbox"/> External attack <input type="checkbox"/> Internal attack <input type="checkbox"/> External events <input type="checkbox"/> Human error <input type="checkbox"/> Process failure <input type="checkbox"/> System failure <input type="checkbox"/> Other	Type of attack: <input type="checkbox"/> <i>Distributed/Denial of Service (D/DoS)</i> <input type="checkbox"/> <i>Infection of internal systems</i> <input type="checkbox"/> <i>Targeted intrusion</i> <input type="checkbox"/> <i>Other</i> If "Other", specify: <input style="width: 100px;" type="text"/> Specify: <input style="width: 100px;" type="text"/>
<i>How the incident affects the PSP</i>	<input type="checkbox"/> Directly <input type="checkbox"/> Indirectly If "indirectly", include the counterparts potentially affected <input style="width: 100%; height: 40px;" type="text"/>	

B 4 – Incident Impact

<i>Building(s) affected (Address), if applicable</i>			
<i>Commercial channels affected</i>	<input type="checkbox"/> Head office	<input type="checkbox"/> E-mail services	<input type="checkbox"/> ATMs
	<input type="checkbox"/> Telephone services	<input type="checkbox"/> SecureMail	<input type="checkbox"/> Points of sale (POS)
	<input type="checkbox"/> Other		
	If “Other”, specify: 		
<i>Payment services affected</i>	<input type="checkbox"/> Cash placement on a payment account	<input type="checkbox"/> Credit transfers	<input type="checkbox"/> Issuing of payment instruments
	<input type="checkbox"/> Cash withdrawal from a payment account	<input type="checkbox"/> Direct debits	<input type="checkbox"/> Other
	<input type="checkbox"/> Operations required for operating a payment account	<input type="checkbox"/> Card payments	
	If “Other”, specify: 		
<i>Functional areas affected</i>	<input type="checkbox"/> Authentication/ Authorisation	<input type="checkbox"/> Clearing	<input type="checkbox"/> Indirect settlement
	<input type="checkbox"/> Communication	<input type="checkbox"/> Direct settlement	<input type="checkbox"/> Other
	If “Other”, specify: 		
<i>Systems and components affected</i>	<input type="checkbox"/> Application / Software	<input type="checkbox"/> Hardware	<input type="checkbox"/> Other
	<input type="checkbox"/> Database	<input type="checkbox"/> Network/ Infrastructure	
	If “Other”, specify: 		
<i>Staff affected</i>	Brief description on how the incident may affect the PSP’s staff		

B 5 – Incident Mitigation

<i>Actions/measures that have been taken so far or are planned to recover from the incident</i>		
<i>Activation of the operational continuity plans and/or disaster recovery plans</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, when:	dd/mm/yyyy ; hh:mm
	If yes, brief description:	
<i>Cancellation or weakening of the intensity of some control measures due to the accident</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, brief description:	

C – Final report

If no intermediate report has been sent, please also complete Section B

C 1 – General Information

<i>Update of the information from the intermediate report (summary)</i> - Actions taken to recover from the incident and avoid its recurrence; - Final remediation actions taken; - Analysis of the root cause; - Lessons learned; - Additional actions taken; - Any other relevant information	
<i>Date and time of closing of the incident</i>	dd/mm/yyyy ; hh:mm
<i>If the PSP had to cancel or weaken some controls because of the incident are the original controls back in place?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, brief explanation:

C 2 – Root Cause Analysis and Follow-up

<i>What was the root cause, if already known?</i>	
<i>Main corrective actions/measures taken or planned to prevent the incident from occurring again in the future, if already known</i>	

C 3 – Additional Information

<i>Has the incident been shared with other PSPs for information purposes?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
<i>Has any legal action/claim been taken/presented against the PSP?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No In yes, provide details: