

Reporting template on major incidents (anglická verze uvedeného dokumentu)

Major Incident Report					
<input type="checkbox"/> Initial report					
<input type="checkbox"/> Intermediate report					
<input type="checkbox"/> Last intermediate report					
<input type="checkbox"/> Final report					
<input type="checkbox"/> Incident reclassified as non-major Please explain: 					
Incident identification number, if applicable (for interim and final reports)	Report date	<input style="width: 90%;" type="text" value="DD/MM/YYYY"/>	Time	<input style="width: 90%;" type="text" value="HH:MM"/>	
A - Initial report					
A 1 - GENERAL DETAILS					
Type of report					
Type of report		<input type="checkbox"/> Individual <input type="checkbox"/> Consolidated			
Affected payment service provider (PSP)					
PSP name					
PSP unique identification number, if relevant					
PSP authorisation number					
Head of group, if applicable					
Home country					
Country/countries affected by the incident					
Primary contact person				Email	Telephone
Secondary contact person				Email	Telephone
Reporting entity (complete this section if the reporting entity is not the affected PSP in case of delegated reporting)					
Name of the reporting entity					
Unique identification number, if relevant					
Authorisation number, if applicable					
Primary contact person				Email	Telephone
Secondary contact person				Email	Telephone
A 2 - INCIDENT DETECTION and INITIAL CLASSIFICATION					
Date and time of detection of the incident		<input style="width: 90%;" type="text" value="DD/MM/YYYY, HH:MM"/>			
The incident was detected by ⁽¹⁾		<input style="width: 50%;" type="text"/>		If Other, please explain: 	
Please provide a short and general description of the incident (should you deem the incident to have an impact in other EU Member States(s), and if feasible within the applicable reporting deadlines, please provide a translation in English)		<div style="border: 1px solid black; height: 40px;"></div>			
What is the estimated time for the next update?		<input style="width: 90%;" type="text" value="DD/MM/YYYY, HH:MM"/>			

B - Intermediate report

B 1 - GENERAL DETAILS

Please provide a more DETAILED description of the incident, e.g. information on:
 a) What is the specific issue?
 b) How it happened
 c) How did it develop
 d) Was it related to a previous incident?
 e) Consequences (in particular for payment service users)
 f) Background of the incident detection
 g) Areas affected
 h) Actions taken so far
 i) Service providers/ third party affected or involved
 j) Crisis management started (internal and/or external (Central Bank Crisis management))
 k) PSP internal classification of the incident

Date and time of beginning of the incident (if already identified)

DD/MM/YYYY, HH:MM

Incident status

Diagnostics Recovery
 Repair Restoration

Date and time when the incident was restored or is expected to be restored

DD/MM/YYYY, HH:MM

B 2 - INCIDENT CLASSIFICATION & INFORMATION ON THE INCIDENT

Overall impact

Integrity Confidentiality Continuity
 Availability Authenticity

Transactions affected ⁽²⁾

Number of transactions affected Actual figure Estimation
 As a % of regular number of transactions Actual figure Estimation
 Value-of transactions affected in EUR Actual figure Estimation
 Comments:

Payment service users affected ⁽³⁾

Number of payment service users affected Actual figure Estimation
 As a % of total payment service users Actual figure Estimation

Service downtime⁽⁴⁾

Total service downtime DD:HH:MM Actual figure Estimation

Economic impact ⁽⁵⁾

Direct costs in EUR Actual figure Estimation
 Indirect costs in EUR Actual figure Estimation

High level of internal escalation

YES YES, AND CRISIS MODE (OR EQUIVALENT) IS LIKELY TO BE CALLED UPON NO
 Describe the level of internal escalation of the incident, indicating if it has triggered or is likely to trigger a crisis mode (or equivalent) and if so, please describe

Other PSPs or relevant infrastructures potentially affected

YES NO
 Describe how this incident could affect other PSPs and/or infrastructures

Reputational impact

YES NO
 Describe how the incident could affect the reputation of the PSP (e.g. media coverage, potential legal or regulatory infringement, etc.)

B 3 - INCIDENT DESCRIPTION

Type of Incident

Operational Security

Cause of incident

Under investigation
 External attack } Distributed/Denial of Service (D/DoS)
 Internal attack } Infection of internal systems
 External events } Targeted intrusion
 Human error } Other
 Process failure } If Other, specify
 System failure }
 Other } if Other, specify

Was the incident affecting you directly, or indirectly through a service provider?

Directly Indirectly If indirectly, please provide the service provider's name

B 4 - INCIDENT IMPACT

Building(s) affected (Address), if applicable

Commercial channels affected

Branches Telephone banking Point of sale
 E-banking Mobile banking Other
 ATMs

Payment services affected

Cash placement on a payment account Credit transfers Money remittance
 Cash withdrawal from a payment account Direct debits Payment initiation services
 Operations required for operating a payment account Card payments Account information services
 Acquiring of payment instruments Issuing of payment instruments Other

Functional areas affected

Authentication/authorisation Clearing Indirect settlement
 Communication Direct settlement Other

Systems and components affected

Application/software Hardware
 Database Network/infrastructure
 Other

Staff affected

YES NO
 Describe how the incident could affect the staff of the PSP/service provider (e.g. staff not being able to reach the office to support customers, etc.)

B 5 - INCIDENT MITIGATION

Which actions/asures have been taken so far or are planned to recover from the incident?

Has the Business Continuity Plan and/or Disaster Recovery Plan been activated?

YES NO

If so, when?
 If so, please describe

DD/MM/YYYY, HH:MM

Has the PSP cancelled or weakened some controls because of the incident?

YES NO

If so, please explain

C - Final report

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

C 1 - GENERAL DETAILS

Please update the information from the intermediate report (summary):
 a) additional actions/measures taken to recover from the incident
 b) final remediation actions taken
 c) root cause analysis
 d) lessons learnt
 e) additional actions
 f) any other relevant information

Date and time of closing the incident DD/MM/YYYY, HH:MM

If the PSP had to cancel or weaken some controls because of the incident, are the original controls back in place?
 If so, please explain

YES NO

C 2 - ROOT CAUSE ANALYSIS AND FOLLOW-UP

What was the root cause (if already known)?
 (possible to attach a file with detailed information)

Main corrective actions/measures taken or planned to prevent the incident from happening again in the future, if already known

C 3 - ADDITIONAL INFORMATION

Has the incident been shared with other PSPs for information purposes?
 If so, please provide details

YES NO

Has any legal action been taken against the PSP?
 If so, please provide details

YES NO

Notes:

(1) Pull-down menu: payment service user; internal organisation; external organisation; none of the above

(2) Pull-down menu: > 10% of regular level of transactions and > EUR 100,000; > 25% of regular level of transactions or > EUR 5 million; none of the above

(3) Pull-down menu: > 5,000 and > 10% payment service users; > 50,000 or > 25% payment service users; none of the above

(4) Pull-down menu: > 2 hours; < 2 hours

(5) Pull-down menu: > Max (0,1% Tier 1 capital, EUR 200,000) or > EUR 5 million; none of the above