Reporting template on major incidents

(anglická verze uvedeného dokumentu)

Major Incident Report

☐ Initial report
☐ Intermediate report
☐ Last intermediate report
☐ Final report
☐ Incident reclassified as non-major Please explain:

Report date	DD/MM/YYYY	Time	HH:MM
Incident identification number, if applicable (for interim and final reports)			

A - Initial report

A 1 - GENERAL DETAILS

Type of report					
Type of report	☐ Individual ☐ 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	DD/MM/YYYY, HH:MM		
The incident was detected by (1)		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)			
What is the estimated time for the next update?	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 ☐ Internal attack Type of attack: ☐ Distributed/Denial of Service (D/DoS) ☐ Infection of internal systems ☐ Targeted intrusion ☐ Other If Other, specify ☐ External events ☐ Human error ☐ Process failure ☐ 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 If Other, specify:
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 If Other, specify:
Functional areas affected	☐ Authentication/authorisation ☐ Clearing ☐ Indirect settlement ☐ Communication ☐ Direct settlement ☐ Other If Other, specify:
Systems and components affected	☐ Application/software ☐ Hardware ☐ Database ☐ Network/infrastructure ☐ Other If Other, specify:
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/measures 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? If so, when? If so, please describe	☐ YES NO DD/MM/YYYY, HH:MM
Has the PSP cancelled or weakened some controls because of the incident? If so, please explain	☐ YES NO

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) addittional 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?	☐YES NO
If so, please explain	

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?	☐YES NO
If so, please provide details	
Has any legal action been taken against the PSP?	☐YES NO
If so, please provide details	

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 milion; 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