LATVIJAS BANKA
EIROSISTĒMA

TARGET2 form for collection of Static Data

- Banking group monitoring - Group of Accounts Member –

A,B	**BIC:**	**TEST BIC:**	
C,D,E	☐ **New**	☐ **Modify**	☐ **Delete**
F,G,H	◯ **Production**	◯ **Test & Training**	**Date:**
I,J	**Ref:**	**rel. Ref:**	
K,L	**Activation date:**	**Responsible CB:**	**-Select one Entry-**

	1. Banking group monitoring (BGM)	For use by Central Bank
11	BGM Group of Accounts ID: _____	*Enter Group of Accounts*
12	BIC of the related Main Account: _____	

The following RTGS Account(s) should be assigned to the above mentioned banking group monitoring Group of Accounts:

	◯ **Single Participant as member of a BGM group of accounts**	For use by Central Bank
	2. Declaration of credit institution	
	Using this form it is declared that	
21	BIC _____	
22	RTGS account number _____	
23	is a member of _____ following the definition of groups as laid down in annex II of the TARGET Guideline and is to be added to the above mentioned BGM Group of Accounts.	

Form No 1020

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☐ New	☐ Modify	☐ Delete
BIC:	TEST BIC:	Activation date:

	◯ **Existing virtual group of accounts as member of a BGM group of accounts**	For use by Central Bank
	3. Declaration of credit institution	
31	Using this form it is declared that the following Virtual Account is a member of _____ following the definition of groups as laid down in annex II of the TARGET Guideline and is to be added to the above mentioned BGM Group of Accounts.	*Enter Group of Accounts*
32	ID of the Virtual Account: _____	
33	Name of the Virtual Account: _____	

	◯ **Existing consolidated account information as member of a BGM group of accounts**	For use by Central Bank
	4. Declaration of credit institution	
41	Using this form it is declared that the following consolidated account information is a member of _____ following the definition of groups as laid down in annex II of the TARGET Guideline and is to be added to the above mentioned BGM Group of Accounts.	*Enter Group of Accounts*
42	ID of the consolidated account information: _____	
43	Name of the consolidated account information: _____	

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☐ New	☐ Modify	☐ Delete
BIC:	**TEST BIC:**	**Activation date:**

The Undersigned declare(s) to have the full capacity and authority to execute the TARGET2 form for and on behalf of the Participant requesting activation of the registration.

Date, Name(s) Signature(s)

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