

AFM Transaction Reporting incident form for EMIR and SFTR

| This form should be submitted by a legal entity notifying the Netherlands Authority for the Financial Markets (AFM) as relevant competent authority of any issue in their transaction reporting. |
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| * Required |

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| 1. Date of notification * dd-mm-yyyy | | |
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- 2. Internal Reference Number *
 - (I) Assign your own reference number or code. (II) When you give an update on the initial notification quote the reference number that you assigned to the original notification.
- 3. Is this submission an update to a previously submitted form? *
 - (I) If this is a new incident, please submit as much information as possible that is available to you.
 - (II) For updates to existing incidents, only complete these fields that contain new or updated information.

| Yes | | | |
|-----|--|--|--|
| No | | | |

| 4. Regulation impacted * | |
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| Please tick the applicable reporting regulations. If multiple regulations are impacted then you m tick several boxes. | ay |
| EMIR transaction reporting | |
| SFTR transaction reporting | |
| 5. Legal name of reporting counterparty * Identify the counterparty/entity required to report | |
| 6. LEI of Reporting Counterparty * Legal Enity Identifier code in accordance with ISO 17442 | |
| 7. Legal name of Submitting Entity Identify the entity submitting the transaction report | |
| 8. LEI of Report Submitting Entity Legal Enity Identifier code in accordance with ISO 17442 | |
| 9. Legal name of Entity Responsible for the Report | |

| 10. LEI of Entity Responsible for the Report |
|---|
| 11. Contact's name * |
| 12. Contact's position * |
| 13. Telephone number * |
| 14. Email * |
| 15. Total number of transactions impacted by the issue Specify for each Action Type |
| |

| 16. Describe the root cause(s) of the issue Provide comprehensive details about the background of the issue |
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| 17. Period during which the issue occurred Please specify the relevant date(s) and the time interval over which the issue occurred |
| 18. How was the issue discovered? |
| 19. Detail the actions taken so far to remediate and the actions that remain outstanding |
| 20. Total number of transactions impacted to be back-reported and expected completion date If known- if not known please report an estimate of volumes; and also the date by which you expect to be able to provide this information. |

| 21. Please detail any plans to improve on-going monitoring and governance in relation to this issue |
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| 22. Please share any other information which may be relevant to this issue |
| Please fill in this incident report completely and accurately. Depend on the type of incident, please email the report to either EMIR_DQ@afm.nl (for EMIR issues) or SFTR@afm.nl (for SFTR issues). This incident report can be securely sent via the program Cryptshare: https://www.afm.nl/en/contact/veilig-bestanden-uitwisselen. On this web page, you can also find a manual for using Cryptshare. |
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