Client Simulation Issue Declaration Form



Clearstream Banking/LuxCSD Client Simulation		Name (account holder)	
Email: connect-test@clearstream.c	com	Contact person (first name and surname)	
	Pł	none	
	Er	nail	
Please return the form electronica	lly to Clearstream Bankir	ng/LuxCSD for same-day evaluation by 15:00 CET.	
Scenario of the incident			
	Account number	Date issue occured (DD/MM/YYYY)	
	Project/Release	Functional area	
	Connectivity channel	Processing cycle	
Issue description (in English please)	Activities performed		
	Expected result		
	Actual result		

It is recommended to send the respective screenshots with this form.