

NPCI/ NFS/ OC NO. 60/2012-13

To,

All Member banks of National Financial Switch (NFS) and IMPS

Reporting of Compromise Points - Card Transactions

Dear Sir,

ATM related frauds, especially card skimming has witnessed a steep rise in last one year and it was widely covered by the media. ATM users from Mumbai, Chennai, Bangalore, Hyderabad and Gurgaon were victims of ATM frauds. Many of the frauds were committed using weak security controls at ATM site. In very recent incidents in Chennai, Mumbai and Bangalore fraudsters used skimming device. They placed skimming device inside the card slot to capture the information of cards and to make fake cards to commit the frauds.

NPCI has taken initiatives like setting up of a Task Force on ATM Security to draft the best practices in ATM Security and alerting the member banks when compromises are reported to NPCI. One of the best practices suggested by the Task Force is that a database of fraud cases and compromise points should be built on an incremental basis. To facilitate this, it is essential that every member bank should report the identified compromise points to NPCI with detailed information.

The requisite format is attached herewith. NPCI requests all member banks to report such identified compromise points to email ID fraudrisk@npci.org.in.

This is a matter of considerable importance and we request member banks to assist on the subject. Member banks are assured that the name of the reporting bank will be masked while attesting the inputs to other member banks. Such alert service is crucial for functioning of the network and the success of the exercise would depend on timely reporting of compromise points to NPCI.

We look forward for your kind support as usual.

Your Faithfully,

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MD & CEO



भारतीय राष्ट्रीय भुगतान निगम NATIONAL PAYMENTS CORPORATION OF INDIA

Compromise Reporting Form

Reporting Person Email ID Date of Reporting Compromise Merchant / ATM Details **Genuine Transaction Spends Details** Merchant / ATM Country Fraud Spends Details Action Taken report Preventive Measures Planned / Undertaken Genuine Spend Time (HH/MM/SS in 24 hrs) ransaction Time (HH/MM/SS in 24 hrs) Genuine Spend Date (DD/MM/YY) Genuine Spend Transaction Type Suspected period of compromise Fransaction Date (DD/MM/YY) Merchant / ATM Terminal ID Merchant / ATM Terminal ID Merchant / ATM Country Reporting Person Name **Genuine Spend Amount** Merchant / ATM Name Merchant / ATM Name Merchant / ATM State Any Additional Details Merchant / ATM State Merchant / ATM City Merchant / ATM City Description of Fraud Amount of Fraud Card Block date ype of Fraud Action Taken Card Number Acquirer BIN Acquirer BIN Bank Name MCC Type MCC Type