



Leiðbeiningar

um tilkynningu frávíka

Eftirfarandi eru leiðbeiningar fjármálaeftirlits Seðlabanka Íslands (fjármálaeftirlitsins) vegna rafrænna tilkynninga um frávik í rekstri eftirlitsskyldra aðila. Frávikakerfið byggir á umgjörð sem gildir um frávik samkvæmt tilskipun (ESB) 2015/2366, um greiðsluþjónustu á innri markaðnum (PSD2) sem var innleidd með lögum 114/2021.

Hvað skal tilkynna

Tilkynna skal stærri frávik samkvæmt viðmiðum í neðangreindri töflu. Tilkynna skal frávik ef þrjú eða fleiri atriði í dálknum „Lægra viðmið“ eiga við og/eða eitt atriði í dálknum „Hærra viðmið“:

Skilyrði	Lægra viðmið	Hærra viðmið
Hlutfall mikilvægar þjónustu sem varð fyrir áhrifum	>5% af venjulegu umfangi þjónustu og lengd atviks > 1 klst eða > 1,5 m.kr og lengd atviks > 1 klst	>10% af venjulegu umfangi þjónustu eða > 50 m.kr.
Fjöldi notenda sem urðu fyrir áhrifum	> 500 og lengd atviks > 1 klst eða > 5% af notendum mikilv. þjónustu og lengd atviks > 1 klst	> 5.000 eða > 10% af notendum mikilv. þjónustu
Niðritími þjónustu	> 2 klst	
Brot á öryggisráðstöfunum	Já	
Fjárhagsleg áhrif fráviks		> 50 m.kr.
Stigmögnun viðbragða ¹		Já og líklegt að neyðaráætlun verði virkjuð
Áhrif á aðra EA eða mikilvæga innviði	Já	
Áhrif á orðspor	Já	
Leiðir atvikið til brots á lögum ²		Já

Framkvæmd

Stærri frávik í rekstri eftirlitsskyldra aðila skal tilkynna til fjármálaeftirlitsins í gagnaskilakerfi Seðlabankans: <https://gagnaskil.seðlabanki.is/>³

[Athugið að ef um sérlega alvarlegt atvik er að ræða ber að hringja fyrst í snr. 665 7777](#)

Þar er að finna frávikaskráningarform sem nota skal við tilkynningar.

Regluleg Frávikatilkynning - fjármálafyrirtæki Skila ^

Hvert stærra frávik skal tilkynna í þrennu lagi og í öll skiptin nota sama skjalið. Þeir aðilar sem falla undir lög nr. 114/2021 um greiðsluþjónustu (PSD2) skulu fylla formið út á ensku, en valfrjálst er fyrir aðra eftirlitsskylda aðila hvort þeir noti ensku eða íslensku við útfyllinguna. Framkvæmdin skal vera eftirfarandi:

¹ Ef frávik er flaggað við framkvæmdastjóra eða efsta lag stjórnenda.

² Leiði frávik í rekstri eftirlitsskylds aðila til þess að aðillinn geti ekki uppfyllt kröfur laga sem eiga við um starfsemina skal senda tilkynningu. Dæmi um slíkt gæti verið tilfelli þar sem stöðvun tölvukerfis leiðir til þess að lögbundin skýrsluskil berist ekki til eftirlitsstjórnvalds.

³ Formin nefnast: Frávik-fft og Frávik-lv fyrir fjármálafyrirtæki annars vegar og lífeyrissjóði og váttryggingafélög hins vegar.

Upphafstilkynning

Innan fjögurra klukkustunda frá því að atvik er flokkað sem stærra frávik skal fylla út rauða flipann í forminu og senda inn í gegnum gagnaskilakerfið.

Hér fyrir neðan er dæmi um útfyllingu frá banka um ímyndaða DDoS árás á hann:

Initial report		within 4 hours after classification of the incident as major	
Report date (DD/MM/YYYY)	4/1/2021	Time (HHMM)	12:40
A - Initial report			
A 1 - GENERAL DETAILS			
Type of report	Individual		
Affected Financial Institution (SE)			
SE name	Banki hf		
SE national identification number	333333-2020		
Head of group, if applicable			
Country / countries affected by the incident	AT BE BG CY CZ	DE DK EE ES FI	FR GB GR H R HU L U
Primary contact person	Jón Jónsson	Email	jón@banki.is Telephone 123 4567
Secondary contact person		Email	Telephone
Reporting entity (complete this section if the reporting entity is not the affected SE in case of delegated reporting)			
Name of the reporting entity			
National identification number			
Primary contact person		Email	Telephone
Secondary contact person		Email	Telephone
A 2 - INCIDENT DETECTION and CLASSIFICATION			
Date and time of detection of the incident (DD/MM/YYYY, HHMM)	04/01/2021-020		
Date and time of classification of the incident (DD/MM/YYYY, HHMM)			
The incident was detected by	If 'Other', please specify:		
Type of incident			
Criteria triggering the major incident report	Imp. Services affected	Fl users affected	Service downtime Breach of security measures Economic impact High level of internal escalation Other FIs or relevant infrastructures potentially affected Reputational impact
A short and general description of the incident	Stór DDoS árás sem varði 14 kist og blokkeraði netbanka og app bankans		
Impact in other EU Member States, if applicable			
Reporting to other authorities	Yes	If 'Yes', please specify:	CERT-IS

Fjármálaeftirlitið mun staðfesta móttöku tilkynningar og gefa tilkynningunni númer sem skrá skal í skjalið (í bláu og grænu flipana).

Framvinduskýrsla

Innan þriggja vinnudaga frá upphafstilkynningu skal senda inn framvinduskýrslu um atvikið. Fylla skal út bláa flippann í skjalinu og senda inn. Hér þarf að skrá nánari greiningu á atvikinu eftir bestu getu.

Major Incident Report			
Intermediate report	maximum of 3 working days from the submission of the initial report	Reset dropdown selections	
Report date (DD/MM/YYYY)	<input type="text"/>	Time (HH:MM) <input type="text"/>	
Incident reference code	<input type="text"/>		
B - Intermediate report			
B 1 - GENERAL DETAILS			
More detailed description of the incident:			
What is the specific issue?	<input type="text"/>		
How did the incident start?	<input type="text"/>		
How did it evolve?	<input type="text"/>		
What are the consequences (in particular for payment service users)?	<input type="text"/>		
Was the incident communicated to payment service users?	<input type="text"/>	If 'Yes', please specify: <input type="text"/>	
Was it related to a previous incident/s?	<input type="text"/>	If 'Yes', please specify: <input type="text"/>	
Were other service providers/third parties affected or involved?	<input type="text"/>	If 'Yes', please specify: <input type="text"/>	
Was crisis management started (internal and/or external)?	<input type="text"/>	If 'Yes', please specify: <input type="text"/>	
Date and time of beginning of the incident (if already identified) (DD/MM/YYYY HH:MM)	<input type="text"/>		
Date and time when the incident was restored or is expected to be restored (DD/MM/YYYY HH:MM)	<input type="text"/>		
Functional areas affected	<input type="checkbox"/> Authentication/Authorisation <input type="checkbox"/> Direct settlement <input type="checkbox"/> Communication <input type="checkbox"/> Indirect settlement <input type="checkbox"/> Clearing <input type="checkbox"/> Other	If 'Other', please specify: <input type="text"/>	
Changes made to previous reports	<input type="text"/>		
B 2 - INCIDENT CLASSIFICATION / INFORMATION ON THE INCIDENT			
Transactions affected ⁽²⁾	Impact level	<input type="text"/>	
	Number of transactions affected	<input type="text"/>	
	As a % of regular number of transactions	<input type="text"/>	
	Value of transactions affected in EUR	<input type="text"/>	
	Duration of the incident (only applicable to operational incidents)	<input type="text"/>	
Comments:	<input type="text"/>		
Payment service users affected ⁽³⁾	Impact level	<input type="text"/>	
	Number of payment service users affected	<input type="text"/>	
	As a % of total payment service users	<input type="text"/>	
Breach of security of network or information systems	Describe how the network or information systems have been affected <input type="text"/>		
Service downtime	Total service downtime:	Days: <input type="text"/> Hours: <input type="text"/> Minutes: <input type="text"/>	
Economic impact	Impact level	<input type="text"/>	
	Direct costs in EUR	<input type="text"/>	
	Indirect costs in EUR	<input type="text"/>	
High level of internal escalation	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 <input type="text"/>		
Other PSPs or relevant infrastructures potentially affected	Describe how this incident could affect other PSPs and/or infrastructures <input type="text"/>		
Reputational impact	Describe how the incident could affect the reputation of the PSP (e.g. media coverage, publication of legal actions or infringements of law...) <input type="text"/>		
B 3 - INCIDENT DESCRIPTION			
Type of Incident	<input type="text"/>		
Cause of incident	<input type="checkbox"/> Under investigation <input type="checkbox"/> Malicious action <input type="checkbox"/> Process failure <input type="checkbox"/> System failure <input type="checkbox"/> Human errors <input type="checkbox"/> External events <input type="checkbox"/> Other		
	If 'Other', please specify: <input type="text"/>		
	Was the incident affecting you directly, or indirectly through a service provider?	<input type="text"/>	If 'Indirectly', please provide the service provider's name: <input type="text"/>
	B 4 - INCIDENT IMPACT		
	Overall impact	<input type="checkbox"/> Integrity <input type="checkbox"/> Confidentiality <input type="checkbox"/> Availability <input type="checkbox"/> Authenticity	
	Commercial channels affected	<input type="checkbox"/> Branches <input type="checkbox"/> Telephone banking <input type="checkbox"/> Point of sale <input type="checkbox"/> E-banking <input type="checkbox"/> Mobile banking <input type="checkbox"/> Other <input type="checkbox"/> E-commerce <input type="checkbox"/> ATMs	
		If 'Other', please specify: <input type="text"/>	
		Payment services affected	<input type="checkbox"/> Cash placement on a payment account <input type="checkbox"/> Credit transfers <input type="checkbox"/> Money remittance <input type="checkbox"/> Cash withdrawal from a payment account <input type="checkbox"/> Direct debits <input type="checkbox"/> Payment initiation <input type="checkbox"/> Operations required for operating a payment account <input type="checkbox"/> Card payments <input type="checkbox"/> Account information services <input type="checkbox"/> Acquiring of payment instruments <input type="checkbox"/> Issuing of payment instruments
B 5 - INCIDENT MITIGATION			
Which actions/asures have been taken so far or are planned to recover from the incident?	<input type="text"/>		
Have the Business Continuity Plan and/or Disaster Recovery Plan been activated?	<input type="text"/>		
If so, when? (DD/MM/YYYY HH:MM)	<input type="text"/>		
If so, please describe	<input type="text"/>		

Lokaskýrsla

Lokaskýrslu um frávikið skal skila innan 20 vinnudaga frá því að fráviki telst lokið. Fylla skal út græna flippann í skjalinu og senda inn.

Please select the type of report:
 Final report within 20 working days after the submission of the intermediate report
 Please describe:

Report date (DD/MM/YYYY) Time (HH:MM)
 Incident reference code

C - Final report

If no intermediate report has been sent, please complete also section B

C 1 - GENERAL DETAILS

Update of the information from the initial report and the intermediate report(s)

changes made to previous reports	<input type="checkbox"/>
any other relevant information	<input type="checkbox"/>
lessons learnt	<input type="checkbox"/>
Are all original controls in place?	<input type="checkbox"/>
If "No", specify which controls and the additional period required for their restoration	<input type="checkbox"/>

C 2 - ROOT CAUSE ANALYSIS AND FOLLOW UP

What was the root cause (if already known)?

	Malicious action	Process failure	System failure	Human error	External event	Other	
Please specify:	Information gathering Intrusions Distributed/Denial of service attack (D/DoS) Deliberate internal actions Deliberate external physical damage Information context security fraud Other	Deficient monitoring and control Communication issues Operations Change management Inadequacy of internal procedures Recovery Other	Hardware failure Network failure Database issues Software/application failure Physical damage Other	Unintended Inaction Insufficient resources Other	Failure of a supplier/technical service provider Force majeure Other		
Other relevant information	<input type="text"/>						
Main corrective actions/measures taken or planned to prevent the incident from happening again in the future, if already known	Bætt við DDoS vörnum frá tæknibirgja sem ræður við stærri árásir						

C 3 - ADDITIONAL INFORMATION

Has the incident been shared with other SEs for information purposes?
 If 'Yes', please provide details:

Has any legal action been taken against the SE?
 If 'Yes', please provide details:

Assessment of the effectiveness of the actions taken
 Please provide details:

Endurskilgreining frávíks

Ef frávík hefur á einverjum tímapunkti innan 20 daga eftir upphafstilkynningu, verið endurflokkað sem ekki stærra frávík skal fylla út græna flippann og skila inn með merkingu um endurflokkun á frávíki með skýringu. Eftir það þarf ekki að skila frekari tilkynningum vegna frávíksins.

Ef frávík klárast hratt, má skila samtímis einni eða fleiri af ofangreindum skýrslum.

Major Incident Report

Please select the type of report:
 Incident reclassified as non-major within 20 working days after the submission of the intermediate report
 Please describe:

Report date (DD/MM/YYYY) Time (HH:MM)
 Incident reference code

Sameiginlegar tilkynningar frávíka

Heimilt er að veita tæknipjónustuveitendum umboð til að tilkynna beint til fjármálaeftirlitsins frávík sem verða hjá þjónustuveitanda og þarf þá eftirlitsskyldur aðili ekki að gera það. Gera þarf skriflegan samning um þetta á milli þjónustuveitanda og eftirlitsskylds aðila og tilkynna til fjármálaeftirlitsins.