

Exhibit A – GlobalPlatform Qualification Request Form

Company Name:			
Company Registration No:			
Business Address:			
City:	State/Prov.:	Country:	Postal Code:
Qualification Type (<i>check one</i>):		<input type="checkbox"/> Test Tool <input type="checkbox"/> Functional Evaluation Laboratory Facility	
Test Tool Details:	Test Tool Reference and Version No. (to appear on GlobalPlatform website):		
	GlobalPlatform Configuration and Version No.:		
	GlobalPlatform Test Suite with Version No.:		
Facility Details:	Address if not Company Address:		
	Description:		
	Qualification Number of the GP Qualified Test Tool:		
	Certificate of Accomplishment of GP Test Suite Training: Certificate of Accomplishment of GP Specification Training: Identify current lab certifications (please provide corresponding certificates and documentation): <ul style="list-style-type: none"> - ISO 17025 Certification - EMVCo Certification - Common Criteria Certification - FIPS Certification - PCI Qualified Certification - Other 		
<input type="checkbox"/> Please check here if you do not want a Listing for this Qualification to appear on the GlobalPlatform web site.			
Company Primary Contact:			
Name:		Title:	
Direct Telephone:		E-mail:	
Location:		Fax:	

By signing this Qualification Request, I acknowledge, agree and certify, by and on behalf of the company identified above ("Company"), that (i) all capitalized terms used but not defined herein have the meanings ascribed to them in the Qualification and Listing Agreement between Company and GlobalPlatform, Inc., as amended (the "QLA"), (ii) Qualification of the Product or Facility identified above, if obtained, and the procedures for obtaining Qualification, are subject to the terms, conditions and restrictions of the QLA, the GP Compliance Program, and any additional terms set forth in the corresponding Qualification Letter, including without limitation, payment of applicable Fees and termination or revocation in accordance with the QLA, (iii) Qualification is limited to the specific Facility, or the specific version and Configuration of the Product identified in the corresponding Qualification Letter, (iv) the Product or Facility satisfies all prerequisites for the corresponding Qualification, (v) all information provided to GlobalPlatform, Inc. by Company regarding the above Product or Facility is accurate and complete and (vi) I have been duly authorized by Company to execute and submit this Qualification Request.

Company Officer Signature ↑

Date ↑

Company Officer Name:

Title:

Received by GlobalPlatform, Inc.

GlobalPlatform, Inc. Signature ↑

Date ↑

Name:

Title: