***Exhibit A – GlobalPlatform Product Qualification Request Form***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | | |  | | | | | | | | |
| Business Address: | | | |  | | | | | | | | |
| City: | | | | State/Prov.: | | Country: | | | | | | Postal Code: |
| Product Details: | Product Reference and Version No. (to appear on GlobalPlatform website): | | | | | |  | | | | | |
| GlobalPlatform Configuration:  Or | | | | | |  | | | | | |
| GlobalPlatform Test Suite (if there is no corresponding GlobalPlatform configuration) | | | | | |  | | | | | |
| GlobalPlatform Qualification type: | | | | | | | New Product  Derivative Product  Product Change  Product Renewal | | | | | |
| Invoicing category  (As per the GlobalPlatform Qualification Process). | | | | | | | Single configuration and Single protocol  Multi configurations OR Multi protocols  Multi configurations AND Multi protocols | | | | | |
| * Please check here if you **do no**t want a Listing for this Qualification to appear on the GlobalPlatform web site. | | | | | | | | | | | | |
| **Company Primary Contact:** | | | | | | | | | | | | |
| Name: | |  | | | Title: | | | | | |  | |
| Direct Telephone: | |  | | | E-mail: | | | | | |  | |
| Location: | |  | | | Fax: | | | | | |  | |
| **Financial and Invoice Primary Contact:** | | | | | | | | | | | | |
| Name: | |  | | | Title: | | | | | |  | |
| Direct Telephone: | |  | | | E-mail: | | | | | |  | |
| Company Name: | |  | | | | | | | | | | |
| Billing Address: | |  | | | | | | | | | | |
| 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 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 version and Configuration of the Product identified in the corresponding Qualification Letter, (iv) the Product satisfies all prerequisites for the corresponding Qualification, (v) all information provided to GlobalPlatform, Inc. by Company regarding the above Product 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* | | | | |  | | | |  | | | |
|  | | |  | |  | | | |  | | | |
|  | | |  | |  | | | |  | | | |

*Remarks:*

*This form must be completed electronically and provided as a copy/paste enable version.*

*If the form cannot be signed digitally, send also a full scanned copy of this form (hand written signature).*