

Exhibit B
GlobalPlatform Product Evaluation Request Form

Product Vendor Name:			
Charter (corporation, trust, partnership, etc.):			
State/Country of Charter:			
Registration Number with State/Country:			
Business Address:			
City:	State/Prov.:	Country:	Postal Code:
Product Details:	Product Name (to appear on GlobalPlatform website):		
	Reference and Version No. (to appear on GlobalPlatform website):		
	List Target of Evaluation (TOE) developers (s) and manufacturer(s):		
Security Target:	Name:		
	Reference and Version No.		
Security Compliance:	SE PP Version and PP Modules, if any:		
	Methodology Document Version:		
	Attack Catalog Version:		
Evaluation Boards, Devices, Tools:	Type and Number:		
Evaluation Lab:	Name:		
	Evaluation Planning, if available:		
<input type="checkbox"/> Please check here if this Product and the related project is Confidential			
<input type="checkbox"/> Please check here if you do not want a Certificate/Restricted Certificate to appear on the GP Website.			
Product Vendor Primary Contact:			
Name:		Title:	
Direct Telephone:		E-mail:	
Financial and Invoice Primary Contact:			
Name:		Title:	
Direct Telephone:		E-mail:	
Company Name:			
Billing Address:			

By signing this Request Form, I acknowledge, agree and certify, by and on behalf of the Product Vendor identified above ("Vendor"), that (i) all capitalized terms used but not defined herein have the meanings ascribed to them in the Security Evaluation Agreement between Vendor and GP, as amended (the "Agreement"), (ii) issuance of a Certificate or Restricted Certificate for the Product identified above, if obtained, and the procedures for obtaining the same, are subject to the terms, conditions and restrictions of the Agreement, and any additional terms set forth in the corresponding Certificate or Restricted Certificate, including without limitation, payment of applicable Fees and termination or revocation in accordance with the Agreement, (iii) issuance of a Certificate or Restricted Certificate is limited to the specific name, reference and version of the Product identified therein, (iv) the Product satisfies all prerequisites for the corresponding certification, (v) all information provided to GP by Vendor regarding Vendor or the above Product is accurate and complete and (vi) I have been duly authorized by Vendor to execute and submit this Request Form.

<i>Vendor Officer Signature</i> ↑		<i>Date</i> ↑	
Vendor Officer Name:		Title:	

Received by GlobalPlatform, Inc.

<i>GlobalPlatform, Inc. Signature</i> ↑		<i>Date</i> ↑	
Name:			
Title:			