

**Exhibit A – GlobalPlatform Qualification Request Form**

**For Laboratory**

- New Laboratory
- Laboratory Update (please provide Laboratory identification and updated data only)

<b>Laboratory Identification</b>			
Company Name:			
Company Registration No:			
Business Address:			
City:	State/Prov.:	Country:	Postal Code:
<b>Facility Details:</b>			
Address if not Company Address:			
Description:			
Qualification Number of the GP Qualified Test Tool(s):			
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"> <li>- ISO 17025 Certification</li> <li>- EMVCo Certification</li> <li>- Common Criteria Certification</li> <li>- FIPS Certification</li> <li>- PCI Qualified Certification</li> <li>- Other</li> </ul>			
<input type="checkbox"/> Please check here if you <b>do not</b> want a Listing for this Qualification to appear on the GlobalPlatform web site.			

<b>General Laboratory and Facility Information</b>	
Please identify any superior or subordinate business relationships, e.g., with a parent company or subsidiaries	
Is there any conflict of interest in regard to Laboratory ownership and your vendor customers?	
Provide an organizational chart for your Laboratory	Please attach
Does your Laboratory have audited financial reports and the equivalent of a Dun & Bradstreet report?	Please attach, if available
Does your Laboratory have adequate insurance covering the company and each facility for which accreditation is being sought?	
Is your Laboratory currently a party to a contract with GlobalPlatform or any of its Members? Please explain.	
<b>Laboratory Background and Experience</b>	
Provide an Executive and Financial Summary of the Laboratory for the last 3 years	Please Attach
Describe the Laboratory's technical expertise, including experience with GP Specifications, to the extent relevant to the Facility and its operations	
Provide a brief description of your Laboratory's background, to the extent relevant to the Facility and its operations	
<b>Laboratory Contact Information</b>	
<b>Laboratory Officer:</b>	
Name:	Title:
Direct Telephone:	E-mail:
Location:	Fax:
<b>Contact for Legal Notices:</b>	
Name:	Title:
Direct Telephone:	E-mail:
Location:	Fax:
<b>Primary Contact for all Communication regarding Evaluations</b>	
Name:	Title:
Direct Telephone:	E-mail:
Location:	Fax:
<b>Primary Contact for all Financial Communications and Invoices</b>	
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 Facility identified above, if obtained, and the procedures for obtaining Qualification, are subject to the terms, conditions and restrictions of the QLA, the GP GlobalPlatform Self-Testing and Product Qualification Process requirements, 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 identified in the corresponding Qualification Letter, (iv) the Facility satisfies all prerequisites for the corresponding Qualification, (v) all information provided to GlobalPlatform, Inc. by Company regarding the above 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: