

Exhibit A – GlobalPlatform Qualification Request Form

For Test Tool Vendor

Company Name:			
Company Registration No:			
Business Address:			
City:	State/Prov.:	Country:	Postal Code:
Qualification Type (<i>check one</i>):		<input type="checkbox"/> Full Qualification <input type="checkbox"/> Derivative Qualification	
Test Tool Details:	Test Tool Reference and Version No. (to appear on GlobalPlatform website):		
	Configuration and Version No.:		
	GlobalPlatform Test Suite with Version No.:		
<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 Test tool 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 version and Configuration of the Test tool identified in the corresponding Qualification Letter, (iv) the Test Tool satisfies all prerequisites for the corresponding Qualification, (v) all information provided to GlobalPlatform, Inc. by Company regarding the above Test Tool is accurate and complete and (vi) I have been duly authorized by Company to execute and submit this Qualification Request.			

<i>Company Officer Signature</i> <input type="checkbox"/>		<i>Date</i> <input type="checkbox"/>
Company Officer Name:		Title: <input type="checkbox"/>
Received by GlobalPlatform, Inc.		
<i>GlobalPlatform, Inc. Signature</i> <input type="checkbox"/>		<i>Date</i> <input type="checkbox"/>
Name:		
Title:		