

Exhibit A – GlobalPlatform Product Qualification Request Form

For Product Vendors

Vendor Name:			
Business Address:			
City:	State/Prov.:	Country:	Postal Code:
Product Details:	Product Reference and Version No. (to appear on GlobalPlatform website):		
	Configuration: Or GlobalPlatform Test Suite (if there is no corresponding GlobalPlatform configuration)		
GlobalPlatform Qualification type:		<input type="checkbox"/> New Product <input type="checkbox"/> Derivative Product <input type="checkbox"/> Product Change <input type="checkbox"/> Product Renewal	
Invoicing category (As per the GlobalPlatform Qualification Process).		<input type="checkbox"/> Single configuration and Single protocol <input type="checkbox"/> Multi configurations OR Multi protocols <input type="checkbox"/> Multi configurations AND Multi protocols	
<input type="checkbox"/> Please check here if you do not want a Listing for this Qualification to appear on the GlobalPlatform website.			
Vendor Primary Contact:			
Name:		Title:	
Direct Telephone:		E-mail:	
Location:		Fax:	
Financial and Invoice Primary Contact:			
Name:		Title:	
Direct Telephone:		E-mail:	
Vendor Name:			
Billing Address:			
<p>By signing this Qualification Request, I acknowledge, agree and certify, by and on behalf of the company identified above ("Vendor"), that (i) all capitalized terms used but not defined herein have the meanings ascribed to them in the Qualification and Listing Agreement between Vendor 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 Certification Body 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 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 Vendor regarding the above Product is accurate and complete and (vi) I have been duly authorized by Vendor to execute and submit this Qualification Request.</p>			

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

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).