Annex A

(informative)

Application for Issuer Identification Number

PLEASE TYPE OR USE BLOCK LETTERS

This application is submitted in accordance with ISO/IEC 7812-1, *Identification cards* – *Identification of issuers* – *Part 1 : Numbering system*.

A. TO BE COMPLETED BY THE APPLICANT (Card Issuer) please type or print Complete **legal** name of Applicant Organization :

Physical Address of Applicant organization: Mailing address of Applicant/Agent Organization(if different from physical address): Main contact[®]include first and Last name): Fax No. Tel No. E-Mail Please identify the main industry of applicant organization (check $\sqrt{}$ only one box): □ Banking/financial □ Entertainment □ Airlines □ Healthcare □ Merchandizing e.g Retail □ Petroleum □ Telecommunications □ Travel \Box Other (please provide description of others) Anticipated date of First use of this IIN: (Please select all that apply) The IIN will be used in an: □ International Interchange Environment □ Inter-Industry interchange environment Intra-industry interchange environment
National use only Please provide a brief description of how the IIN will be used Will the applicant Organization be issuing a card? \Box yes \Box No

By signing this application, you are agreeing to abide by all of the terms and conditions set forth in ISO/IEC 7812-1 and ISO/IEC 7812-2. You are also certifying that the information provided on this application is correct.

Print Name:		
Signature	Date	

B.TO BE COMPLETED BY THE YOUR' COUNTRY'S DESINATED SPONSORING AUTHORITY

Name of sponsoring Authority:

Date of Approval:

Print name:

Signature

Note to Sponsoring Authority: Please refer to ISO/IEC 7812-2 regarding your responsibility as a Sponsoring Authority. By signing this application, you have verified the applicant meets the criteria for the assignment of an IIN

C. TO BE COMPLETED BY ISO/IEC 7812 REGISTRATION AUTHORITY

Name of Organization as it will appear in the ISO Register of Issuer identification		
Numbers:		
Issuer Identification Number(IIN) assigned:		
Registration Authority: (Print Name)		
Signature:	Date:	

Please send completed application and fee to:

American Banker's Association ISO/IEC 7812 Registrar Authority 1120, Connecticut Avenue, NW, Suite 600 Washington DC 20036 USA

Tel: +1(202) 663 5000; For US Applicants 1 800 226 5377 Fax: +1(202) 828 5057 E-mail : ISO 7812regauth@aba.com