



TH Std. Chip Card Application Form V.2 (Form TH-001)

(For ATM/ Debit cards)

1. General Information

1.1. Bank Name	
1.2. IIN	
1.3. Contact Person	
1.4. Tel.	
1.5. Email	

2. Usage

2.1. BIN	
2.2. Record Number	<input type="checkbox"/> Test <input type="checkbox"/> Production <input type="checkbox"/> Test Report No. _____ <input type="checkbox"/> Existing record No. _____
2.3. Card Expired date	<input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> 7 years
2.4. Root CA Public key	
2.5. IPK index	Test key <input type="checkbox"/> 0c <input type="checkbox"/> 0d <input type="checkbox"/> Production key <input type="checkbox"/> 05 <input type="checkbox"/> 06

Authorized Signature (Issuer)

By my signature below, I represent that I am qualified and authorized to complete and submit this form, that the information contained herein is complete and accurate.

(_____)
Date: _____

3. Assigned Code [TBA]

3.1. Record Number	
3.2. Expiry date	
3.3. AID	
3.4. Service Identifier	

TBCC Ref No.	
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Authorized Signature (TBA)
_____ (_____) Date: _____