

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

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):		
Phone number:	Fax Number:	
E-mail address:		
Please identify the main industry of the applicant organization (check ✓ only one box):		
<input type="checkbox"/> Airline	<input type="checkbox"/> Banking / Financial	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Merchandizing e.g. Retail	<input type="checkbox"/> Petroleum
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Travel	
<input type="checkbox"/> Other _____		
<i>Please provide description of "Other"</i>		
Anticipated Date of First Use of this IIN: _____		
(Please select which one applies) The IIN(s) will be used for:		
<input type="checkbox"/> Interchange (information is exchanged between the acquirer and the issuer for clearing and settlement.)		
<input type="checkbox"/> Closed Environment (the issuer acquires its own transactions and its network does not accept, allow or process any card program other than its own) or National Use ONLY		
Please provide a brief description of how the IIN(s) will be used:		
Will the applicant organization be issuing a card? <input type="checkbox"/> Yes <input type="checkbox"/> 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 DESIGNATED 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 THE ISO/IEC 7812 REGISTRATION AUTHORITY:

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

Please send completed application and fee to:

American Bankers Association
ISO 7812 Registration Authority
1120 Connecticut Avenue, N.W., Suite 600
Washington, D.C. 20036
USA

Telephone: +1 (202) 663 5000; For US applicants: 1 800 226 5377

Fax: +1 (202) 828 5057

E-mail: ISO7812regauth@aba.com