



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	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		Authorized Signature (TBA)
3.2.Expiry date		
3.3.AID		
3.4.Service Identifier		
TBCC Ref No.		<p>_____ (_____) Date: _____</p>