# Registration form for a registered application provider identifier of category A

This request is submitted in accordance with ISO/IEC 7816-5, *Identification cards – Integrated circuit cards – Registration of application providers*.

* 1. To be completed by the requesting organization

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| Name of organization |
| Address to be registered |
| Principal contact in organization |
| Telephone number | Fax number | Email Address |
| Address for correspondence/billing |
| Date | Signature |

* 1. To be completed by national standards body

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| Request received by |
| Date | Signature |

* 1. To be completed by ISO/IEC 7816-5 registration authority

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| Registered application provider identifier |
| Date | Signature |