

Application form related to the obtention and use of the Compliant Architecture for Security Tokens - CAST Certification

Version 1.0

1. *Company information.*

Name of the applicant company :

Address of the applicant company :

Incorporation number of the applicant company :

Website of the applicant company :

2. *Contact Details.*

Contact person of the applicant company :

Position / title of the contact person :

Email address of the contact person :

Phone number of the contact person :

I hereby certify the accuracy and completeness of information provided in the context of the application to the CAST Certification, and notably relating to the applicant company's organizational measures in place, available personnel capacities and acknowledgement of the Certification Materials as defined in the terms and conditions, and relating to the qualitative auto-evaluation and certification section, which shall notably include a summary by the applicant company of its understanding of the Certification Materials and Oracles-related issues.

Name and signature of the representative of the applicant company :	
Date :	