Application / Agreement for Issuer Identification Number

This is a writable PDF Form – please type directly into the document

This application is submitted in accordance with International Standard ISO/IEC 7812-1, Identification cards - Identification of issuers - Part 1: Numbering system

TO BE COMPLETED BY APPLICANT

Complete <u>legal</u> name of applicant organization						
Physical address of applicant organization						
Mailing address of applicant/Agent organization (if different from above)						
Main contact (First and last name)						
Phone number						
Email address						
VAT (if applicable)						
Please provide a brief description of how card will be used: Please attach, to this application, a copy of a government-issued verification that the applicant is a legal entity and is approved to conduct business in the applicant's country.						
Please identify the *main industry of th	ne applicant organiza	ation (check only	one box):			
Airline Entertainment	Banking/F	inancial	Healthcare			
Merchandising/Retail Petrole	eum Travel	Other (Please	describe)			
*If the applicant is a telecommunication to assign an IIN.	ns company, please	refer to ISO/IEC	7812-1, Section 4.2.3	3. We will be unable		
Will this IIN be used for interchange (transchanged between two or more entition		Yes	No			
Will this IIN be used globally?		Yes	No			
Will this IIN only be used in a closed environment or restricted to use ONLY in the applicant's country?		Yes	No			

Yes

No

Will physical cards be issued?

Name of applicant:			
Does the applicant have any other IINs outside of those assigned by a card scheme?	Yes	No	
Please note: ISO/IEC 7812-1 only allows one IIN per le	egal entity.		
If yes, Please identify the IIN(s)			
Anticipated date of first use of the IIN:			
TERMS	S & CONDITIONS		
Please note ISO/IEC 7812-1 allows for only one IIN per Inspectation (ABA), is acting as the Registration Authority Standardization/International Electrotechnical Commissional Electrotechnical Commissional Electrotechnical Commissional Electrotechnical Commissional Electrotechnical Commissional Electrotechnical Commissional Electrotechnical Elec	(RA), under contract on (ISO and IEC responded not be taken as in an	with the International Organiza ectfully) and the assignment, re y way implying, that the compar	tion for gistration or ny to whom
The operation of the RA is a not-for-profit-making service depends, in part, on the cooperation of card issuers. The nowsoever arising, whether negligently or otherwise in the publication of those IINs and the names and addresses of	e RA will not be held fine registration, reserva	inancially liable for errors or omation or assignment of IINs or the	nissions,
The applicant Organization acknowledges this IIN is issue the requirements in ISO/IEC 7812-1. It is acknowledged a dentifying the organization specified as a card issuer as a IN by a party which does not choose to comply with the RA is beyond the control of the RA and, therefore your organization.	that in assigning this described in ISO/IEC on the provisions of ISO/I	IIN, the RA is designating the II 7812-1. The use of this IIN or EC 7812-1, with or without the	IN as any other knowledge
n order to maintain the integrity of the ISO Register of Is notify the RA of any changes regarding this assignment.		mbers, the applicant Organizati	ion agrees to
t is mutually agreed that neither Party shall be held liable or failure is due to government regulation, Act of God, we making it illegal or impossible to abide by this agreemen	ar, disaster, fire, flood		
The applicant Organization agrees to defend, hold harm reckless acts or omissions of its agents, employees, or the and for any cause of action or damage from the applicar	hose under its exclusi	ive control arising in and of this	
By signing this application/agreement, your organiza application. You are also certifying the information			listed in this
Printed Name of Authorized Representative			
Signature	Date		

TO BE COMPLETED BY YOUR COUNTRY'S DESIGNATED SPONSORING AUTHORITY

Name of Sponsoring Authority					
By signing this application you, as an authorized representative of the sponsoring authority, have verified 1) the applicant meets the criteria for assignment of an IIN and 2) verified the documentation submitted by the applicant that the applicant is a legal entity and is approved to conduct business in the applicant's country.					
Printed Name of Authorized Representative					
Signature	Date				
Please refer to ISO/IEC 7812 – 2, Sections A.3 regarding the role and responsibilities of a sponsoring authority.					
TO BE COMPLETED BY THE ISO/IEC 7812 REGISTRATION AUTHORITY					
Name of Organization as it will appear in the ISO Register of Issuer Identification Numbers:					
Issuer Identification Number Assigned					
Printed Name of Authorized Representative					
Signature	Date				



AMERICAN BANKERS ASSOCIATION

WIRE TRANSFER INSTRUCTION SHEET

The American Bankers Association serves as the Registration Authority (RA) for ISO/IEC 7812. The ABA accepts, by wire transfer, payment for subscriptions to The ISO Register of Issuer Identification Numbers. Please be advised that it can take from 7 to 10 business days for Sun Trust to receive the funds from your bank. The ISO Register will not be mailed until Sun Trust has confirmed receipt of the funds. In order to ensure proper crediting, wire transfers must contain the exact information listed below:

Receiving Bank: SunTrust Bank

Bank Address: 1445 New York Avenue NW

Washington DC 20005

Account Name: American Bankers Association

1120 Connecticut Avenue NW Suite 600

Washington DC 20036

Routing Number: 61000104

Account Number: 206664656

Swift Number: SNTRUS3A

State reason for wire transfer: (example: payment for an IIN assignment)

Attention or Reference: Gay Griffin and/or ISO/IEC 7812

Important

Please make certain that all extra fees assessed by your bank for making the wire transfer have been paid prior to transmitting the wire. Funds received by SunTrust Bank must equal the exact amount owed.



Credit Card Authorization Form IIN Applications

(Please type or fill in form fields)

Important! 🥟 Please fax	this form to	o: 202.663.7543
Date:		
Credit Card Type: (please check only one)	MasterCard	VISA
	Discover	American Express
Institution on Application:		
Card Number:	(Located on reverse of card)	
Expiration Date (mm/yyyy):		
I authorize the American Bankers Assoc credit card account for \$100.00 (
Institution As It Appears on Card:		
Name As It Appears on Card:		
Signature:		
Total amount (In US Dollars) authorized: \$_		
Contact Information		
Name:		
Phone number:		
E-mail;		