

# APPLICATION FORM

## Manufacturer ID for EN ISO 14816

Concerning readability, please complete in the application form digitally where possible and submit a signed version to the address below:

EN ISO 14816 CRA  
 NEN-E&ICT  
 P.O. box 5059  
 2600 GB Delft  
 The Netherlands

Organization			
Name of organization	[REDACTED]		
Address	[REDACTED]		
Zip Code	[REDACTED]	City [REDACTED]	Country [REDACTED]
Legal status	[REDACTED]		
VAT number	[REDACTED]		
Address for correspondence/billing (if different from address above)			
Address	[REDACTED]		
Zip Code	[REDACTED]	City [REDACTED]	Country [REDACTED]
Contact details			
Contact person	[REDACTED]		
Position/role	[REDACTED]		
Telephone	[REDACTED]		
E-mail	[REDACTED]		

Anticipated date of first operational use of the identifier:	[REDACTED]
We hereby apply for the assignment of [REDACTED] (please state number required, max. 5) manufacturer identifier(s), and state that the use of that identifier(s) will be in accordance with EN ISO 14816.	
Signature/date	

### TO BE COMPLETED BY EN ISO 14816 CENTRAL REGISTRATION AUTHORITY

Form received on	ID issued	ID issued on
Signature/date		