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| --- |
| PURE Cloud-Based Mobile Payment Application Products  Implementation Conformance Statement |

Revision History

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Author | Object |
| 1.0 | 30/05/2017 | PURE Certification | Creation of the document |

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# Introduction

This Implementation Conformance Statement is a structured document describing capabilities and specific requirements implemented by the product (Cloud-Based Mobile Payment Application) submitted for testing. This template must be completed for products submitted to receive PURE Certification.

The ICS will be part of the PURE certificate to be issued and provides information about the implementation. The process of testing and certification is described in the PURE Certification Operational Procedure.

# Specifications References

| **reference** | **Document title and availability** | **Specification provider** |
| --- | --- | --- |
| [PURE-Gen] | PURE Cloud-based Payment Solution - General Architecture and Functional Description | Gemalto |
| [PURE-MPA] (1) | PURE Cloud-based Payment Solution - Mobile Payment Application Technical specification | Gemalto |
| [PURE-OEM] (2) | PURE Cloud-based Payment Solution - Contactless transaction processing in an OEM Pay environment | Gemalto |
| [PURE-Crypto] | PURE Cloud-based Payment Solution - Cryptographic algorithms | Gemalto |

1. *for Bank*
2. *for OEM*

# Product Identification

## Vendor Identification

|  |  |
| --- | --- |
| Vendor Identification | |
| **Company Name:** | Click Here to Enter Text. |
| Main Contact | |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |
| Backup Contact | |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |

ICS completed on: Cliquez ici pour entrer une date.

## Type of Request

|  |  |
| --- | --- |
| **Type[[1]](#footnote-1)** |  |
| *If Renewal or Product Change* | |
| ***Previous ICS registration number:*** | Click Here to Enter Text. |
| *If Product Change* | |
| **S*ummary of changes:*** | Click Here to Enter Text. |

## PURE Product Identification

|  |  |
| --- | --- |
| Mobile Payment Application Identification | |
| **Marketing Name:** | Click Here to Enter Text. |
| **Registration Number[[2]](#footnote-2):** | Click Here to Enter Text. |
| **Application Name & Version:** | Click Here to Enter Text. |
| **Product Type:** |  |
| **Application Specification version:** | 1.3 |

## Operating System

|  |  |
| --- | --- |
| Operating System | |
| **Android Version:** | Click Here to Enter Text. |
| **Android Security Patch Level:** | Click Here to Enter Text. |
| **Kernel Version:** | Click Here to Enter Text. |
| **Build Number:** | Click Here to Enter Text. |

## Hardware information

|  |  |
| --- | --- |
| Mobile | |
| **Brand:** | Click Here to Enter Text. |
| **Device Commercial Name:** | Click Here to Enter Text. |
| **Model Number:** | Click Here to Enter Text. |
| Level 1 Certification | |
| Level 1 Approval number | Click Here to Enter Text. |
| *\* PURE Cloub-Based Mobile Payment Application should be submitted for evaluation with a contactless reader that has already been EMVCo Level 1 certified in order to ensure proper evaluation of all features.*  *\*\* If device not yet submitted for EMV Contactless Protocol Certification, please provide a test report from an EMVCo Lab* | |

## Cloud environment

*Note: Please specify the Cloud-Based environment components used during the Mobile Payment Application evaluation.*

|  |  |
| --- | --- |
| Provisioning and Replenishment System | |
| **Implementation used during test[[3]](#footnote-3):** |  |
| **Identification:** | Click Here to Enter Text. |
| **Version:** | Click Here to Enter Text. |
| *A description of the provisioning & replenishment method is mandatory for a “Simulated” implementation* | |
| **Description:** | Click Here to Enter Text. |

## Implementation Options

|  |  |
| --- | --- |
| Optional functionalities | |
| **Is Lost and Stolen Risk Management supported?**  ***[LSRM]*** | Select an Item. |
| **Is Maximum Unitary Transaction supported?**  ***[MUTA]*** | Select an Item. |
| **Is Offline Authentication supported?**  ***[OA]*** | Select an Item. |
| **Is Cloud PIN supported?**  ***[CPIN]*** | Select an Item. |
| **Is Consumer CVM Limit supported?**  ***[CLIM]*** | Select an Item. |

|  |  |
| --- | --- |
| Key Management | |
| **Are Static Keys supported[[4]](#footnote-4)?**  ***[STATIC]*** | Select an Item. |
| **Are Single Usage Keys supported4?**  ***[SUK]*** | Select an Item. |

# Comments and Explanations

Comments and addition explanations:

Click Here to Enter Text.

# Test Laboratory Identification

## Identification

|  |  |
| --- | --- |
| Test Laboratory Identification | |
| **Company Name:** | Click Here to Enter Text. |
| Main Contact | |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |
| Backup Contact | |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |

# ICS Status

|  |  |
| --- | --- |
| **Status:** | To be Validated |

|  |  |
| --- | --- |
| Certification Body Identification | |
| **Company Name:** | Click Here to Enter Text. |
| Main Contact | |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |
| Backup Contact | |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |

ICS number[[5]](#footnote-5): **Click Here to Enter Text.**

Date of validation by the Certification Body: **Click Here to Select a Date.**

Signature of the Certification Body’s Representative:



1. *Renewal:* Renewal of an already certified product without changes.

   *Product Change*: Subsequent submission of an already certified product in a modified environment (ex: graphical interface changed, android version…).

   *New ICS*: All other cases. [↑](#footnote-ref-1)
2. to be allocated and filled by the Certification Body [↑](#footnote-ref-2)
3. *Hosted:* Server located outside the laboratory premises (identical to the production environment)

   *Local:* Server located inside the laboratory premises (test environment)

   *Simulated:* Interfaces with this component is simulated through a test dedicated channel (ex: replenishment through APDUs…) [↑](#footnote-ref-3)
4. The product shall support at least one Key Management type (Static keys or Single Usage keys). [↑](#footnote-ref-4)
5. to be allocated and filled by the Certification Body [↑](#footnote-ref-5)