



# Payment Card Industry (PCI) Data Security Standard

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## **Attestation of Compliance for Self-Assessment Questionnaire A**

Version 1.2

October 2008

## Attestation of Compliance, SAQ A

### Instructions for Submission

The merchant must complete this Attestation of Compliance as a declaration of the merchant's compliance status with the *Payment Card Industry Data Security Standard (PCI DSS) Requirements and Security Assessment Procedures*. Complete all applicable sections and refer to the submission instructions at "PCI DSS Compliance – Completion Steps" in this document.

#### Part 1. Qualified Security Assessor Company Information (if applicable)

Company Name:					
Lead QSA Contact Name:		Title:			
Telephone:		E-mail:			
Business Address:		City:			
State/Province:		Country:		ZIP:	
URL:					

#### Part 2. Merchant Organization Information

Company Name:		DBA(S):			
Contact Name:		Title:			
Telephone:		E-mail:			
Business Address:		City:			
State/Province:		Country:		ZIP:	
URL:					

#### Part 2a. Type of merchant business (check all that apply):

- Retailer     
  Telecommunication     
  Grocery and Supermarkets  
 Petroleum     
  E-Commerce     
  Mail/Telephone-Order     
  Others (please specify):

List facilities and locations included in PCI DSS review:

#### Part 2b. Relationships

Does your company have a relationship with one or more third-party service providers (for example, gateways, web-hosting companies, airline booking agents, loyalty program agents, etc)?  Yes  No

Does your company have a relationship with more than one acquirer?  Yes  No



### Part 4. Action Plan for Non-Compliant Status

Please select the appropriate "Compliance Status" for each requirement. If you answer "NO" to any of the requirements, you are required to provide the date Company will be compliant with the requirement and a brief description of the actions being taken to meet the requirement. *Check with your acquirer or the payment brand(s) before completing Part 4, since not all payment brands require this section.*

PCI DSS Requirement	Description of Requirement	Compliance Status (Select One)		Remediation Date and Actions (if Compliance Status is "NO")
		YES	NO	
9	Restrict physical access to cardholder data	<input type="checkbox"/>	<input type="checkbox"/>	
12	Maintain a policy that addresses information security	<input type="checkbox"/>	<input type="checkbox"/>	

