Corporate 1000® Format

Format Change Form



The Corporate 1000 Program includes exclusive credential formats ("Credential Data" or "CD") that are developed specifically for use by the End Customer's organization. The End Customer must qualify, formally enroll, and be accepted by HID Global Corporation.

Use this form to communicate all authorization changes concerning your Corporate 1000 Program. HID recommends that each end-user maintain an original copy of this form listing all changes. Enter your company information in Table 1.

IMPORTANT: This form must be legible to be considered acceptable. Please print or type.

Table 1: End Cus	tomer's Compan	ny Informatio	n
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Table 11 Ella Gastollici G Gollipan y Information		
Company Name		
Format Code		

To change the contact details of the person(s) authorized to act on behalf of your company ("Authorized Contact") in establishing and maintaining the Authorized HID Purchasers/Service Providers provide the new Authorized Contact information in the Table 2 below. Only a current Authorized Contact can add/remove Authorized Contacts.

Table 2: End Customer's Authorized Contact Information*:

able 2. Lift Gustomer's Authorized Contact information .				
	Authorized Contact (Primary)	Authorized Contact (Secondary)		
	ADD or Remove	ADD or Remove		
Contact Name				
Title				
Phone Number				
Email Address				
Authorized Contact's Specimen Signature (Primary and Secondary):				
Date				

^{*}Must be authorized by a <u>current</u> Primary or Secondary Authorized Contact in order to add/remove or change the Authorized Contact information.

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To ensure the security of your CD, you must authorize which HID service provider(s) may purchase your CD on your behalf. Changes to this information should be entered in Table 3 below:

Table 3: End Customer's Authorized HID Purchaser/Service Provider:

	Authorized HID Purchaser (Primary)	Authorized HID Purchaser (Secondary)
	ADD or Remove	ADD or Remove
Company Na	me	
Contact Na	me	
Contact T	itle	
Addr	ess	
Phone Num	ber	
Email Addr	ess	
approve HID to make and acknowledge and	confirm that you are a current Authorized Contact hese changes to the End Customer's Authorized C agree to the HID Global Corporation PACS Creden lise is available at https://www.hidglobal.com/lega Current Authorize Signature Name	ontact(s) and/or HID Authorized Purchaser(s) atial Program Terms of Use ("Terms of Use"). A al/pacs-credential-program-terms-use.

To add or remove authorizations, submit this signed form to: credentialprograms@hidglobal.com.

This form must be legible to be considered acceptable. Please print or type.