



JSS MIP - DATA Registration

MIP 09J

Application Date:	____ / ____ /20____
Company Name:	
Representative Name:	E-mail:
Issuer ID (Please leave blank)	

Request Type		
<input type="checkbox"/> MSM_CD	<input type="checkbox"/> ALC	<input type="checkbox"/> ADC

ATR data setting	
Primary ATR	
Secondary ATR	

Mask Type	
MULTOS	

M/Chip codelet usage	
M/Chip 2.0.5 codelet	<input type="checkbox"/> Use <input type="checkbox"/> Do not use

