Part 3. PCI DSS Validation *(continued)*

Part 3a. Service Provider Acknowledgement

Signatory(s) confirms:

(Select all that apply)

☒	*PCI DSS Self-Assessment Questionnaire D, Version 4.0.1,* was completed according to the instructions therein.
☒	All information within the above-referenced SAQ and in this attestation fairly represents the results of the entity's assessment in all material respects.
☒	PCI DSS controls will be maintained at all times, as applicable to the entity's environment.

Part 3b. Service Provider Attestation

Signature of Service Provider Executive Officer ↑	*Date:* 03 / 28 / 2025
Service Provider Executive Officer Name: **Michael Smith**	*Title:* **Chief Technology Officer**

Part 3c. Qualified Security Assessor (QSA) Acknowledgement

If a QSA was involved or assisted with this assessment, indicate the role performed:	☐ QSA performed testing procedures.
	☐ QSA provided other assistance. If selected, describe all role(s) performed: Not Applicable

Signature of Lead QSA ↑	*Date: YYYY-MM-DD*
Lead QSA Name:	

Signature of Duly Authorized Officer of QSA Company ↑	*Date: YYYY-MM-DD*
Duly Authorized Officer Name:	*QSA Company:*

Part 3d. PCI SSC Internal Security Assessor (ISA) Involvement

If an ISA(s) was involved or assisted with this assessment, indicate the role performed:	☐ ISA(s) performed testing procedures.
	☐ ISA(s) provided other assistance. If selected, describe all role(s) performed: Not Applicable