



Payment Card Industry (PCI) **Data Security Standard**

**Attestation of Compliance for
Self-Assessment Questionnaire D – Merchants**
For use with PCI DSS Version 3.2

April 2016

Section 1: Assessment Information

Instructions for Submission

This document must be completed as a declaration of the results of the merchant's self-assessment with the *Payment Card Industry Data Security Standard Requirements and Security Assessment Procedures (PCI DSS)*. Complete all sections: The merchant is responsible for ensuring that each section is completed by the relevant parties, as applicable. Contact acquirer (merchant bank) or the payment brands to determine reporting and submission procedures.

Part 1. Merchant and Qualified Security Assessor Information

Part 1a. Merchant Organization Information

| | | | |
|-------------------|--|--------------------------|------|
| Company Name: | | DBA (doing business as): | |
| Contact Name: | | Title: | |
| Telephone: | | E-mail: | |
| Business Address: | | City: | |
| State/Province: | | Country: | Zip: |
| URL: | | | |

Part 1b. 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. Executive Summary

Part 2a. Type of Merchant Business (check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Telecommunication | <input type="checkbox"/> Grocery and Supermarkets |
| <input type="checkbox"/> Petroleum | <input type="checkbox"/> E-Commerce | <input type="checkbox"/> Mail order/telephone order (MOTO) |
| <input type="checkbox"/> Others (please specify): | | |

| | |
|---|--|
| What types of payment channels does your business serve? <input type="checkbox"/> Mail order/telephone order (MOTO) <input type="checkbox"/> E-Commerce <input type="checkbox"/> Card-present (face-to-face) | Which payment channels are covered by this SAQ? <input type="checkbox"/> Mail order/telephone order (MOTO) <input type="checkbox"/> E-Commerce <input type="checkbox"/> Card-present (face-to-face) |
|---|--|

Note: If your organization has a payment channel or process that is not covered by this SAQ, consult your acquirer or payment brand about validation for the other channels.

Part 2b. Description of Payment Card Business

How and in what capacity does your business store, process and/or transmit cardholder data?

Part 2c. Locations

List types of facilities (for example, retail outlets, corporate offices, data centers, call centers, etc.) and a summary of locations included in the PCI DSS review.

| Type of facility | Number of facilities of this type | Location(s) of facility (city, country) |
|--------------------------------|-----------------------------------|---|
| <i>Example: Retail outlets</i> | 3 | <i>Boston, MA, USA</i> |
| | | |
| | | |
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| | | |

Part 2d. Payment Application

Does the organization use one or more Payment Applications? Yes No

Provide the following information regarding the Payment Applications your organization uses:

| Payment Application Name | Version Number | Application Vendor | Is application PA-DSS Listed? | PA-DSS Listing Expiry date (if applicable) |
|--------------------------|----------------|--------------------|--|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part 2e. Description of Environment

Provide a **high-level** description of the environment covered by this assessment.

For example:

- *Connections into and out of the cardholder data environment (CDE).*
- *Critical system components within the CDE, such as POS devices, databases, web servers, etc., and any other necessary payment components, as applicable.*

Does your business use network segmentation to affect the scope of your PCI DSS environment?

(Refer to "Network Segmentation" section of PCI DSS for guidance on network segmentation)

Yes No

Part 2f. Third-Party Service Providers

Does your company use a Qualified Integrator & Reseller (QIR)?

Yes No

If Yes:

Name of QIR Company:

QIR Individual Name:

Description of services provided by QIR:

Does your company share cardholder data with any third-party service providers (for example, Qualified Integrator & Resellers (QIR), gateways, payment processors, payment service providers (PSP), web-hosting companies, airline booking agents, loyalty program agents, etc.)?

Yes No

If Yes:

| Name of service provider: | Description of services provided: |
|---------------------------|-----------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Note: Requirement 12.8 applies to all entities in this list.

Section 2: Self-Assessment Questionnaire D – Merchants

This Attestation of Compliance reflects the results of a self-assessment, which is documented in an accompanying SAQ.

| | |
|--|--|
| The assessment documented in this attestation and in the SAQ was completed on: | |
| Have compensating controls been used to meet any requirement in the SAQ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were any requirements in the SAQ identified as being not applicable (N/A)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were any requirements in the SAQ identified as being not tested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were any requirements in the SAQ unable to be met due to a legal constraint? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 3: Validation and Attestation Details

Part 3. PCI DSS Validation

This AOC is based on results noted in SAQ D (Section 2), dated (SAQ completion date).

Based on the results documented in the SAQ D noted above, the signatories identified in Parts 3b-3d, as applicable, assert(s) the following compliance status for the entity identified in Part 2 of this document: **(check one)**:

| <input type="checkbox"/> | <p>Compliant: All sections of the PCI DSS SAQ are complete, all questions answered affirmatively, resulting in an overall COMPLIANT rating; thereby (Merchant Company Name) has demonstrated full compliance with the PCI DSS.</p> | | | | | | |
|--------------------------|---|----------------------|--|--|--|--|--|
| <input type="checkbox"/> | <p>Non-Compliant: Not all sections of the PCI DSS SAQ are complete, or not all questions are answered affirmatively, resulting in an overall NON-COMPLIANT rating, thereby (Merchant Company Name) has not demonstrated full compliance with the PCI DSS.</p> <p>Target Date for Compliance:</p> <p>An entity submitting this form with a status of Non-Compliant may be required to complete the Action Plan in Part 4 of this document. <i>Check with your acquirer or the payment brand(s) before completing Part 4.</i></p> | | | | | | |
| <input type="checkbox"/> | <p>Compliant but with Legal exception: One or more requirements are marked “No” due to a legal restriction that prevents the requirement from being met. This option requires additional review from acquirer or payment brand.</p> <p><i>If checked, complete the following:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Affected Requirement</th> <th>Details of how legal constraint prevents requirement being met</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | Affected Requirement | Details of how legal constraint prevents requirement being met | | | | |
| Affected Requirement | Details of how legal constraint prevents requirement being met | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part 3a. Acknowledgement of Status

Signatory(s) confirms:

(Check all that apply)

| | |
|--------------------------|--|
| <input type="checkbox"/> | PCI DSS Self-Assessment Questionnaire D, Version (version of SAQ), was completed according to the instructions therein. |
| <input type="checkbox"/> | All information within the above-referenced SAQ and in this attestation fairly represents the results of my assessment in all material respects. |
| <input type="checkbox"/> | I have confirmed with my payment application vendor that my payment system does not store sensitive authentication data after authorization. |
| <input type="checkbox"/> | I have read the PCI DSS and I recognize that I must maintain PCI DSS compliance, as applicable to my environment, at all times. |
| <input type="checkbox"/> | If my environment changes, I recognize I must reassess my environment and implement any additional PCI DSS requirements that apply. |

Part 3a. Acknowledgement of Status (continued)

- No evidence of full track data¹, CAV2, CVC2, CID, or CVV2 data², or PIN data³ storage after transaction authorization was found on ANY system reviewed during this assessment.
- ASV scans are being completed by the PCI SSC Approved Scanning Vendor (*ASV Name*)

Part 3b. Merchant Attestation

| | |
|--|---------------|
| <i>Signature of Merchant Executive Officer</i> ↑ | <i>Date:</i> |
| <i>Merchant Executive Officer Name:</i> | <i>Title:</i> |

Part 3c. Qualified Security Assessor (QSA) Acknowledgement (if applicable)

| | |
|--|--|
| If a QSA was involved or assisted with this assessment, describe the role performed: | |
|--|--|

| | |
|--|---------------------|
| <i>Signature of Duly Authorized Officer of QSA Company</i> ↑ | <i>Date:</i> |
| <i>Duly Authorized Officer Name:</i> | <i>QSA Company:</i> |

Part 3d. Internal Security Assessor (ISA) Involvement (if applicable)

| | |
|---|--|
| If an ISA(s) was involved or assisted with this assessment, identify the ISA personnel and describe the role performed: | |
|---|--|

¹ Data encoded in the magnetic stripe or equivalent data on a chip used for authorization during a card-present transaction. Entities may not retain full track data after transaction authorization. The only elements of track data that may be retained are primary account number (PAN), expiration date, and cardholder name.

² The three- or four-digit value printed by the signature panel or on the face of a payment card used to verify card-not-present transactions.

³ Personal identification number entered by cardholder during a card-present transaction, and/or encrypted PIN block present within the transaction message.

Part 4. Action Plan for Non-Compliant Requirements

Select the appropriate response for “Compliant to PCI DSS Requirements” for each requirement. If you answer “No” to any of the requirements, you may be required to provide the date your Company expects to 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.

| PCI DSS Requirement | Description of Requirement | Compliant to PCI DSS Requirements (Select One) | | Remediation Date and Actions (If “NO” selected for any Requirement) |
|---------------------|--|---|--------------------------|--|
| | | YES | NO | |
| 1 | Install and maintain a firewall configuration to protect cardholder data | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Do not use vendor-supplied defaults for system passwords and other security parameters | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Protect stored cardholder data | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Encrypt transmission of cardholder data across open, public networks | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Protect all systems against malware and regularly update anti-virus software or programs | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Develop and maintain secure systems and applications | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Restrict access to cardholder data by business need to know | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Identify and authenticate access to system components | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Restrict physical access to cardholder data | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Track and monitor all access to network resources and cardholder data | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Regularly test security systems and processes | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Maintain a policy that addresses information security for all personnel | <input type="checkbox"/> | <input type="checkbox"/> | |
| Appendix A2 | Additional PCI DSS Requirements for Entities using SSL/early TLS | <input type="checkbox"/> | <input type="checkbox"/> | |

