

# Payment Card Industry (PCI) Data Security Standard

# **Attestation of Compliance for Self-Assessment Questionnaire B-IP**

For use with PCI DSS Version 3.2.1

July 2018



# **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 your 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	y Assessor Compa	any Inforn	nation (if applic	cable)		
Company Name:						
Lead QSA Contact Name:			Title:			
Telephone:			E-mail:			
Business Address:			City:			
State/Province:		Country:			Zip:	
URL:						
Part 2. Executive Summ	ary					
Part 2a. Type of Merchant	t Business (check	all that ap	pply)			
Retailer	☐ Telecommunication ☐ Grocery and Supermarkets			;		
Petroleum	☐ E-Commerce		☐ Mail order/telephone order (MOTO)			
Others (please specify):						
What types of payment channels does your business serve?  Which payment channels are covered by this SAQ?					his SAQ?	
☐ Mail order/telephone order (MOTO) ☐ Mail order/telephone order (MC			TO)			
☐ E-Commerce		□E	-Commerce			
☐ Card-present (face-to-face)		C	ard-present (fac	e-to-face)		
<b>Note:</b> 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 store, process and/or trans	•						
Part 2c. Locations							
List types of facilities and call centers, etc.) included			kample, r	etail outlets, corpo	orate office	es, data ce	nters,
Type of facilit	у	Number of fac of this typ		Location(s) of f	acility (e.g	ı. city, cou	ntry)
Example: Retail outlets		3		Boston, MA, USA			
Part 2d. Payment Ap	plication						
Does the organization use	e one or more	Payment Applic	ations?	☐ Yes ☐ No			
Provide the following info	rmation regard	ling the Paymen	t Applica	tions your organiz	ation uses	:	
Payment Application Name	Version Number	Application Vendor		application L-DSS Listed?		Listing E	
				Yes 🗌 No			
				Yes 🗌 No			
				Yes 🗌 No			
				Yes 🗌 No			
				Yes No			
Part 2e. Description	of Environme	ent					
Durandala a Intario Ianza I da a							
Provide a <u>high-level</u> described this assessment	cription of the	environment cov	ered by				
this assessment.  For example:	cription of the	environment cov	ered by				
this assessment.	·						
this assessment.  For example:  • Connections into and o	ut of the cardh ents within the b servers, etc.	older data envir CDE, such as l , and any other	onment				
<ul> <li>this assessment.</li> <li>For example:</li> <li>Connections into and o (CDE).</li> <li>Critical system compon devices, databases, we</li> </ul>	ut of the cardh ents within the b servers, etc. mponents, as a network segme	older data envin CDE, such as l , and any other applicable.	onment POS the scop	•	6	☐ Yes	□No



Part 2f. Third-Party Service Providers						
Doe	Does your company use a Qualified Integrator & Reseller (QIR)? ☐ Yes ☐ No					
If Y	If Yes:					
Nar	Name of QIR Company:					
QIF	QIR Individual Name:					
Des	scription of services provided by QIR:		_			
exa ser	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.)?					
If Y	es:					
Nar	ne of service provider:	Description of services provided:				
Not	Note: Requirement 12.8 applies to all entities in this list.					
	Note. Nequirement 12.0 applies to all entities in this list.					
P	Part 2g. Eligibility to Complete SAQ B-IP					
Merchant certifies eligibility to complete this shortened version of the Self-Assessment Questionnaire because, for this payment channel:						
	Merchant uses only standalone, PTS-approved point-of-interaction (POI) devices (excludes SCRs) connected via IP to merchant's payment processor to take customers' payment card information;					
	The standalone IP-connected POI devices are validated to the PTS POI program as listed on the PCI SSC website (excludes SCRs);					
	The standalone IP-connected POI devices are not connected to any other systems within the merchant environment (this can be achieved via network segmentation to isolate POI devices from other systems);					
	The only transmission of cardholder data is from the PTS-approved POI devices to the payment processor;					
	The POI device does not rely on any other connect to the payment processor;	device (e.g., computer, mobile phone, table	et, etc.) to			
	Merchant does not store cardholder data in electronic format; and.					
	If Merchant does store cardholder data, such data is only paper reports or copies of paper receipts and is not received electronically.					



# Section 2: Self-Assessment Questionnaire B-IP

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?	☐ Yes	☐ No
Were any requirements in the SAQ identified as being not applicable (N/A)?	☐ Yes	☐ No
Were any requirements in the SAQ unable to be met due to a legal constraint?	☐ Yes	☐ No



# Section 3: Validation and Attestation Details

#### Part 3. PCI DSS Validation

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

Based on the results documented in the SAQ B-IP 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): П **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. 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. Target Date for Compliance: 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. Check with your acquirer or the payment brand(s) before completing Part 4. 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. If checked, complete the following: Affected Requirement Details of how legal constraint prevents requirement being met Part 3a. Acknowledgement of Status Signatory(s) confirms: (Check all that apply) PCI DSS Self-Assessment Questionnaire B-IP, Version (version of SAQ), was completed according to the instructions therein. All information within the above-referenced SAQ and in this attestation fairly represents the results of my assessment in all material respects. I have confirmed with my payment application vendor that my payment system does not store sensitive authentication data after authorization. I have read the PCI DSS and I recognize that I must maintain PCI DSS compliance, as applicable to my environment, at all times. 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 data <sup>1</sup> , CAV2, CVC2, CID, or CVV2 data <sup>2</sup> , or PIN data <sup>3</sup> 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				
Sign	ature of Merchant Executive Officer 1		Date:		
Merc	hant Executive Officer Name:		Title:		
Part	3c. Qualified Security Assessor (QS	A) Acknowledger	ment (if applicable)		
If a QSA was involved or assisted with this assessment, describe the role performed:					
Signature of Duly Authorized Officer of QSA Company ↑		Date:			
Duly Authorized Officer Name:		QSA Company:			
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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:					

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.

<sup>&</sup>lt;sup>2</sup> 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.

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	
		YES	NO	Requirement)	
1	Install and maintain a firewall configuration to protect cardholder data				
2	Do not use vendor-supplied defaults for system passwords and other security parameters				
3	Protect stored cardholder data				
4	Encrypt transmission of cardholder data across open, public networks				
6	Develop and maintain secure systems and applications				
7	Restrict access to cardholder data by business need to know				
8	Identify and authenticate access to system components				
9	Restrict physical access to cardholder data				
11	Regularly test security systems and processes				
12	Maintain a policy that addresses information security for all personnel				
Appendix A2	Additional PCI DSS Requirements for Entities using SSL/early TLS for Card-Present POS POI Terminal Connections				

<sup>\*</sup> PCI DSS Requirements indicated here refer to the questions in Section 2 of the SAQ.









