

Form No.: CWRB - CIAF

Rev.: 5-Apr-2016

CWRS Integration Application Form

For system integrators interested to conduct integration testing the CWRS, please fill in **SECTION A** below. After successful integration testing, please follow **SECTION B** and submit the information accordingly for the CIC's review. Please send the completed form to cwrs-helpdesk@cic.hk or contact our CWRS helpdesk support at 2100-9863 for any inquiries.

SECTION A						
1)	Company Information: Company Name: Tel: Company Web Site: Solution: Email:					
2)	Integration Application Information:					
	A. Application name:					
	B. Communication interface wi	h DAR				
	Арр					
	C. Device components depende	ency:				
		& Company Chop: authorized Person: Title: Tel.No.:				
		Dato:				

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SECTION B

This section	is to he	fulfillad	after o	completing	the integ	ration	tostina si	iccossfully
THIS SECTION	is to be	: rummeu	aneri	Johnbiering	the inter	ration	restills st	accessiuliv.

3)	Inte	gration Application Information after te	sting:					
	A.	Application release date:						
	B.	Application version:						
	C.	Binary checksum of application:						
	D.	Folders used to store data at Android file system:						
	E.	Un-installation procedure of the application:						
	F.	Benchmark figure for the max						
		workers throughput during a 30-min						
		period						
4)	4) System integrator should also provide a video to clearly show 10 workers tapping the CWR cards and gaining access on the integrated CWRS solution.							
No	te:							
elig		above information is essential for the re contractor to be listed on the CIC web p	-					
		Signaturo & Compa	ny Chan:					
	Signature & Company Chop:Company Authorized Person:							
	Title:							
	Tel.No.:							
			Date:					