



Payment Card Industry Data Security Standard

Attestation of Compliance for Report on Compliance – Service Providers

Version 4.0

Publication Date: March 2022

PCI DSS v4.0 Attestation of Compliance for Report on Compliance – Service Providers

Entity Name: Spektrix Ltd.

Assessment End Date: 23-Apr-2024

Date of Report as noted in the Report on Compliance: 19-May-2024

Section 1 Assessment Information

Instructions for Submission

This Attestation of Compliance (AOC) must be completed as a declaration of the results of the service provider's assessment against the *Payment Card Industry Data Security Standard (PCI DSS) Requirements and Testing Procedures* ("Assessment"). Complete all sections. The service provider is responsible for ensuring that each section is completed by the relevant parties, as applicable. Contact the entity(ies) to which this AOC will be submitted for reporting and submission procedures.

This AOC reflects the results documented in an associated Report on Compliance (ROC). Associated ROC sections are noted in each AOC Part/Section below.

Capitalized terms used but not otherwise defined in this document have the meanings set forth in the PCI DSS Report on Compliance Template.

Part 1. Contact Information	
Part 1a. Assessed Entity (ROC Section 1.1)	
Company name:	Spektrix Ltd.
DBA (doing business as):	Spektrix
Company mailing address:	37-45 Paul Street, Castle House, EC2A 4LS
Company main website:	https://www.spektrix.com
Company contact name:	Neil Padgham
Company contact title:	Information Security Lead
Contact phone number:	(+44) 020 4540 5540
Contact e-mail address:	neil.padgham@spektrix.com
Part 1b. Assessor (ROC Section 1.1)	
Provide the following information for all assessors involved in the Assessment. If there was no assessor for a given assessor type, enter Not Applicable	
PCI SSC Internal Security Assessor(s)	
ISA name(s):	Not Applicable
Qualified Security Assessor	
Company name:	SRC Security Research & Consulting GmbH
Company mailing address:	Emil-Nolde-Str. 7 Bonn D-53113 Germany
Company website:	www.src-gmbh.de
Lead Assessor name:	Pedro Rolo
Assessor phone number:	+351 911 058 979

Assessor e-mail address:	pedro.rollo@src-gmbh.de
Assessor certificate number:	202-835

Part 2. Executive Summary

Part 2a. Scope Verification

Services that were **INCLUDED** in the scope of the Assessment (select all that apply):

Name of service(s) assessed:	Spektrix Payment Gateway	
Type of service(s) assessed:		
Hosting Provider: <input type="checkbox"/> Applications / software <input type="checkbox"/> Hardware <input type="checkbox"/> Infrastructure / Network <input type="checkbox"/> Physical space (co-location) <input type="checkbox"/> Storage <input type="checkbox"/> Web-hosting services <input type="checkbox"/> Security services <input type="checkbox"/> 3-D Secure Hosting Provider <input type="checkbox"/> Multi-Tenant Service Provider <input type="checkbox"/> Other Hosting (specify):	Managed Services (specify): <input type="checkbox"/> Systems security services <input type="checkbox"/> IT support <input type="checkbox"/> Physical security <input type="checkbox"/> Terminal Management System <input type="checkbox"/> Other services (specify):	Payment Processing: <input type="checkbox"/> POI / card present <input type="checkbox"/> Internet / e-commerce <input type="checkbox"/> MOTO / Call Center <input type="checkbox"/> ATM <input type="checkbox"/> Other processing (specify):
<input type="checkbox"/> Account Management	<input type="checkbox"/> Fraud and Chargeback	<input checked="" type="checkbox"/> Payment Gateway/Switch
<input type="checkbox"/> Back-Office Services	<input type="checkbox"/> Issuer Processing	<input type="checkbox"/> Prepaid Services
<input type="checkbox"/> Billing Management	<input type="checkbox"/> Loyalty Programs	<input type="checkbox"/> Records Management
<input type="checkbox"/> Clearing and Settlement	<input type="checkbox"/> Merchant Services	<input type="checkbox"/> Tax/Government Payments
<input type="checkbox"/> Network Provider		
<input type="checkbox"/> Others (specify):		

Note: These categories are provided for assistance only and are not intended to limit or predetermine an entity's service description. If these categories do not apply to the assessed service, complete "Others." If it is not clear whether a category could apply to the assessed service, consult with the entity(ies) to which this AOC will be submitted.

Part 2a. Scope Verification (continued)

Services that are provided by the service provider but were NOT INCLUDED in the scope of the Assessment (select all that apply):

Name of service(s) not assessed:	Not Applicable	
Type of service(s) not assessed:		
Hosting Provider: <input type="checkbox"/> Applications / software <input type="checkbox"/> Hardware <input type="checkbox"/> Infrastructure / Network <input type="checkbox"/> Physical space (co-location) <input type="checkbox"/> Storage <input type="checkbox"/> Web-hosting services <input type="checkbox"/> Security services <input type="checkbox"/> 3-D Secure Hosting Provider <input type="checkbox"/> Multi-Tenant Service Provider <input type="checkbox"/> Other Hosting (specify):	Managed Services (specify): <input type="checkbox"/> Systems security services <input type="checkbox"/> IT support <input type="checkbox"/> Physical security <input type="checkbox"/> Terminal Management System <input type="checkbox"/> Other services (specify):	Payment Processing: <input type="checkbox"/> POI / card present <input type="checkbox"/> Internet / e-commerce <input type="checkbox"/> MOTO / Call Center <input type="checkbox"/> ATM <input type="checkbox"/> Other processing (specify):
<input type="checkbox"/> Account Management	<input type="checkbox"/> Fraud and Chargeback	<input type="checkbox"/> Payment Gateway/Switch
<input type="checkbox"/> Back-Office Services	<input type="checkbox"/> Issuer Processing	<input type="checkbox"/> Prepaid Services
<input type="checkbox"/> Billing Management	<input type="checkbox"/> Loyalty Programs	<input type="checkbox"/> Records Management
<input type="checkbox"/> Clearing and Settlement	<input type="checkbox"/> Merchant Services	<input type="checkbox"/> Tax/Government Payments
<input type="checkbox"/> Network Provider		
<input type="checkbox"/> Others (specify):		
Provide a brief explanation why any checked services were not included in the Assessment:		

Part 2b. Description of Role with Payment Cards (ROC Section 2.1)

Describe how the business stores, processes, and/or transmits account data.	<p>Spektrix’s client-embedded software API does not store any cardholder data; it is only kept in Random Access Memory (RAM) while the transaction is being processed. The transaction processing phase happens while the cardholder data is sent to the payment services provider, together with an identifier (Transaction ID - TX Code). After the response of the payment services provider, this identifier is then stored indefinitely for refund and transaction re-presentation purposes, together with the masked PAN (first 6 + last 4 digits) involved in the transaction.</p> <p>The activity of Spektrix can therefore be characterized as that of a payment gateway, accepting transactions and routing them securely to their destination.</p>
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	<p>The assessor verified that the full PAN or any other type of sensitive authentication data are never stored in Spektrix's central databases; Spektrix has no business need to store any cardholder data. Its only business interest is to store the transaction ID for refund purposes (a process which is handled by the acquirers).</p> <p>All systems supporting the transmission of cardholder data, together with their supporting databases, are hosted within Microsoft Azure, a PCI DSS compliant entity.</p>
Describe how the business is otherwise involved in or has the ability to impact the security of its customers' account data.	<p>Spektrix is responsible for creating and running the software client applications that the client companies use to collect and send the card information for processment.</p> <p>No other type of processing takes place that can impact the security of cardholder data.</p>
Describe system components that could impact the security of account data.	<p>App Gateway/WAF Backend production firewall Azure firewall</p>

Part 2c. Description of Payment Card Environment

<p>Provide a high-level description of the environment covered by this Assessment.</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> • <i>Connections into and out of the cardholder data environment (CDE).</i> • <i>Critical system components within the CDE, such as POI devices, databases, web servers, etc., and any other necessary payment components, as applicable.</i> • <i>System components that could impact the security of account data.</i> 	<p>The assessment focused on Spektrix's cardholder data environment hosted at Microsoft Azure, Spektrix's connections to its acquirers, the in-house developed payment application and its software developers along with the systems processing cardholder data.</p>
<p>Indicate whether the environment includes segmentation to reduce the scope of the Assessment.</p> <p>(Refer to the "Segmentation" section of PCI DSS for guidance on segmentation)</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part 2d. In-Scope Locations/Facilities (ROC Section 4.6)

List all types of physical locations/facilities (for example, corporate offices, data centers, call centers and mail rooms) in scope for this Assessment.

Facility Type	Total Number of Locations (How many locations of this type are in scope)	Location(s) of Facility (city, country)
<i>Example: Data centers</i>	3	<i>Boston, MA, USA</i>
Microsoft Azure Cloud Datacenter	1	Azure Region: West Europe

**Part 2e. PCI SSC Validated Products and Solutions
(ROC Section 3.3)**

Does the entity use any item identified on any PCI SSC Lists of Validated Products and Solutions*?

Yes No

Provide the following information regarding each item the entity uses from PCI SSC's Lists of Validated Products and Solutions:

Name of PCI SSC-validated Product or Solution	Version of Product or Solution	PCI SSC Standard to which Product or Solution Was Validated	PCI SSC Listing Reference Number	Expiry Date of Listing
				YYYY-MM-DD
				YYYY-MM-DD
				YYYY-MM-DD
				YYYY-MM-DD
				YYYY-MM-DD
				YYYY-MM-DD

* For purposes of this document, "Lists of Validated Products and Solutions" means the lists of validated products, solutions, and/or components, appearing on the PCI SSC website (www.pcisecuritystandards.org) (for example, 3DS Software Development Kits, Approved PTS Devices, Validated Payment Software, Payment Applications (PA-DSS), Point to Point Encryption (P2PE) solutions, Software-Based PIN Entry on COTS (SPoC) solutions, and Contactless Payments on COTS (CPoC) solutions).

Part 2f. Third-Party Service Providers
(ROC Section 4.4)

For the services being validated, does the entity have relationships with one or more third-party service providers that:

- Store, process, or transmit account data on the entity's behalf (for example, payment gateways, payment processors, payment service providers (PSPs, and off-site storage)) Yes No
- Manage system components included in the entity's Assessment (for example, via network security control services, anti-malware services, security incident and event management (SIEM), contact and call centers, web-hosting companies, and IaaS, PaaS, SaaS, and FaaS cloud providers) Yes No
- Could impact the security of the entity's CDE (for example, vendors providing support via remote access, and/or bespoke software developers). Yes No

If Yes:

Name of Service Provider:	Description of Services Provided:
Microsoft Azure	Cloud/Hosting services
FIS Worldpay	Payment Services Provider
ADYEN N.V.	Payment Services Provider
Cybersource Corporation	Payment Services Provider
Moneris Solutions Corporation	Payment Services Provider
Opayo by Elavon FS DAC	Payment Services Provider

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

Part 2g. Summary of Assessment
(ROC Section 1.8.1)

Indicate below all responses provided within each principal PCI DSS requirement.

PCI DSS Requirement	Requirement Finding More than one response may be selected for a given requirement. Indicate all responses that apply.					Select If Below Method(s) Was Used	
	In Place	In Place with Remediation	Not Applicable	Not Tested	Not in Place	Customized Approach	Compensating Controls
Requirement 1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 2:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 3:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 4:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 5:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 6:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 7:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 8:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 9:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 10:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 11:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement 12:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix A1:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix A2:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2 Report on Compliance

(ROC Sections 1.2 and 1.3.2)

Date Assessment began: <i>Note: This is the first date that evidence was gathered, or observations were made.</i>	2024-04-19
Date Assessment ended: <i>Note: This is the last date that evidence was gathered, or observations were made.</i>	2024-04-23
Were any requirements in the ROC unable to be met due to a legal constraint?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Were any testing activities performed remotely? If yes, for each testing activity below, indicate whether remote assessment activities were performed: <ul style="list-style-type: none"> • Examine documentation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Interview personnel <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Examine/observe live data <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Observe process being performed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Observe physical environment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Interactive testing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Other: Not Applicable 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 Validation and Attestation Details

Part 3. PCI DSS Validation (ROC Section 1.7)

This AOC is based on results noted in the ROC dated *(Date of Report as noted in the ROC 2024-05-19)*.

Indicate below whether a full or partial PCI DSS assessment was completed:

- Full Assessment** – All requirements have been assessed and therefore no requirements were marked as Not Tested in the ROC.
- Partial Assessment** – One or more requirements have not been assessed and were therefore marked as Not Tested in the ROC. Any requirement not assessed is noted as Not Tested in Part 2g above.

Based on the results documented in the ROC noted above, each signatory identified in any of Parts 3b-3d, as applicable, assert(s) the following compliance status for the entity identified in Part 2 of this document (*select one*):

<input checked="" type="checkbox"/>	<p>Compliant: All sections of the PCI DSS ROC are complete, and all assessed requirements are marked as being either 1) In Place, 2) In Place with Remediation, or 3) Not Applicable, resulting in an overall COMPLIANT rating; thereby Spektrix Ltd. has demonstrated compliance with all PCI DSS requirements except those noted as Not Tested above.</p>						
<input type="checkbox"/>	<p>Non-Compliant: Not all sections of the PCI DSS ROC are complete, or one or more requirements are marked as Not in Place, resulting in an overall NON-COMPLIANT rating; thereby <i>(Service Provider Company Name)</i> has not demonstrated compliance with PCI DSS requirements.</p> <p>Target Date for Compliance: YYYY-MM-DD</p> <p>An entity submitting this form with a Non-Compliant status may be required to complete the Action Plan in Part 4 of this document. Confirm with the entity to which this AOC will be submitted before completing Part 4.</p>						
<input type="checkbox"/>	<p>Compliant but with Legal exception: One or more assessed requirements in the ROC are marked as Not in Place due to a legal restriction that prevents the requirement from being met and all other assessed requirements are marked as being either 1) In Place, 2) In Place with Remediation, or 3) Not Applicable, resulting in an overall COMPLIANT BUT WITH LEGAL EXCEPTION rating; thereby <i>(Service Provider Company Name)</i> has demonstrated compliance with all PCI DSS requirements except those noted as Not Tested above or as Not in Place due to a legal restriction.</p> <p>This option requires additional review from the entity to which this AOC will be submitted.</p> <p><i>If selected, 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 from 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 from being met				
Affected Requirement	Details of how legal constraint prevents requirement from being met						

Part 3a. Service Provider Acknowledgement

Signatory(s) confirms:
(Select all that apply)

- The ROC was completed according to *PCI DSS*, Version 4.0 and was completed according to the instructions therein.
- All information within the above-referenced ROC and in this attestation fairly represents the results of the 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: 2024-05-19
Service Provider Executive Officer Name: Jason Efstathiou	Title: CSO

Part 3c. Qualified Security Assessor (QSA) Acknowledgement

If a QSA was involved or assisted with this Assessment, indicate the role performed:	<input checked="" type="checkbox"/> QSA performed testing procedures.
	<input type="checkbox"/> QSA provided other assistance. If selected, describe all role(s) performed:

Signature of Lead QSA ↑	Date: 2024-05-19
Lead QSA Name: Pedro Rolo	

Assinado por: **Pedro Jorge Correia Nunes Rolo**
Num. de Identificação: 08061138
Data: 2024.05.28 13:04:20 +0100

Signature of Duly Authorized Officer of QSA Company ↑	Date: 2024-05-19
Duly Authorized Officer Name: Pedro Rolo	QSA Company: SRC -Security Research and Consulting, GmbH

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

If an ISA(s) was involved or assisted with this Assessment, indicate the role performed:	<input type="checkbox"/> ISA(s) performed testing procedures.
	<input type="checkbox"/> ISA(s) provided other assistance. If selected, describe all role(s) performed:

Part 4. Action Plan for Non-Compliant Requirements

Only complete Part 4 upon request of the entity to which this AOC will be submitted, and only if the Assessment has Non-Compliant results noted in Section 3.

If asked to complete this section, select the appropriate response for “Compliant to PCI DSS Requirements” for each requirement below. For any “No” responses, include the date the entity expects to be compliant with the requirement and provide a brief description of the actions being taken to meet the requirement.

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 network security controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Apply secure configurations to all system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Protect stored account data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Protect cardholder data with strong cryptography during transmission over open, public networks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Protect all systems and networks from malicious software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Develop and maintain secure systems and software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Restrict access to system components and cardholder data by business need to know	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Identify users and authenticate access to system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Restrict physical access to cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Log and monitor all access to system components and cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Test security systems and networks regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Support information security with organizational policies and programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appendix A1	Additional PCI DSS Requirements for Multi-Tenant Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appendix A2	Additional PCI DSS Requirements for Entities using SSL/early TLS for Card-Present POS POI Terminal Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

