



# Request for revocation of electronic certificateg

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A	BIC:	
H		Date:
I,J	Ref:	rel. Ref:
L		Responsible CB:

## 1. General Data for Requestor

10	Company Name of Requestor:	<i>Enter Company Name and Address of Requestor</i>
11	Company Address of Requestor:	

## 2. CERTIFYING ENTITY

21	Certifying Entity:	<i>Select Certifying Entity</i>
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## 3. REQUEST CONTENT

31	The undersigned as holder/interested third party, request the revocation of the following authentication certificate issued in his or her name for the following reason:	<i>Enter Name of Requestor</i>
32	theft	
32b	loss	
32c	breach of security of the device	
32d	deterioration of the device	
32e	change of position of the holder	
32f	other (specify)	



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Date	Name(s)	Signature(s)
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The undersigned declare(s) to have full capacity and authority to sign this form for and on behalf of the Credit Institution above and that the designated requestor has an employment or agency relation with the latter.

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Date	Name(s)	Legal Representative Signature(s)
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