



Request for renewal of electronic certificate

page: 1 of 2

| | | |
|-----|------|-----------------|
| 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> |
|----|--------------------|---------------------------------|

3. REQUEST CONTENT

| | | |
|----|--|-------------------|
| 31 | I the undersigned | <i>Enter Data</i> |
| 32 | born in | |
| 33 | tax identification number (or equivalent) | |
| 34 | as holder of the following authentication certificate issued by the [Certification Entity] stored on smartcard no. | |
| 35 | request the renewal of such certificate. For this purpose I: confirm the correctness of all the personal identification data transmitted to the Certification Entity on the occasion of the application for issue of above-mentioned certificate; | |
| 36 | report the following changes to the information transmitted to the Certification Entity on the occasion of the application for issue of the above-mentioned certificate: | |
| 37 | | |

4. DECLARATION PART

| | | |
|----|---|-------------------|
| | | |
| 41 | I attach a photocopy of the <i>(indicate the essential data of the identification document)</i> | <i>Enter Data</i> |
| 42 | I declare, moreover, that I: am informed of the conditions for using the certificates in question, specified in the User Manual and supplementary provisions issued by the Certification Entity, and undertake not to use them for functions or purposes other than those established by the Certification Entity; | |
| 43 | have received the attached information note on the protection of personal data. | |

| | | |
|------|---------|------------------------|
| Date | Name(s) | Requestor Signature(s) |
|------|---------|------------------------|

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.

| | | |
|------|---------|-----------------------------------|
| Date | Name(s) | Legal Representative Signature(s) |
|------|---------|-----------------------------------|