

Request Form QuoVadis Extended Validation SSL certificate

By filling in this form, the Certificate Manager, with permission from the organisation’s authorised representative, registers their details for the purpose of requesting and generating a QuoVadis Extended Validation SSL certificate on behalf of the organisation.

DETAILS CERTIFICATE CONTENT		DISPLAY THESE DETAILS IN THE CERTIFICATE
Name of Trade Register		<input type="checkbox"/>
Trade Registry Number		<input type="checkbox"/>
Organisation Name (O)		<input checked="" type="checkbox"/>
Serial Number	Note: This is automatically generated using the Trade Registry number.	
Place (L)		<input checked="" type="checkbox"/>
Postcode		
State/Province (S)		<input checked="" type="checkbox"/>
Country (C)		<input checked="" type="checkbox"/>
Email Address		
Common Name (FQDN)		<input checked="" type="checkbox"/>
Additional SAN fields (Subject Alt Name fields)		

The information above is used within the contents of your certificate and will be visible when you use it. All other details provided in this application form are used to process your request. All personal details are handled in accordance with data protection laws.

All EV SSL Certificates have a maximum validity of 1 year.

ADDITIONAL DETAILS	
Visiting address organisation	
Postcode and Place	
General enquiries telephone number	

DETAILS CERTIFICATE MANAGER	
Full Name	
Function/Role	
Personal Business Email Address	
Personal Business Phone Number	

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The services related to this application are governed by the Master Services Agreement, which includes (as updated from time to time):

- the DigiCert Europe/QuoVadis CP/CPS
- Certificate Terms of Use
- Privacy Notice

The documents referenced above are available at <https://www.quovadisglobal.com/uk/repository/> and <https://www.quovadisglobal.com/uk/privacy-policy/>.

By signing this application form, you confirm that the information you provide is complete and correct, and that you agree to the Master Services Agreement, including its above-referenced attachments.

Place		
Date (dd-mm-yyyy)	Signature Certificate Manager	
Place		
Date (dd-mm-yyyy)	Signature Registration Representative QuoVadis	
<input type="checkbox"/> New Manager	<input type="checkbox"/> Existing Manager	Name QV Representative