

**Request Form**  
**QuoVadis Qualified Website Authentication**  
**(QWAC) PSD2 certificate**



QV-18

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 Qualified Website Authentication (QWAC) PSD2 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"/>
Organisation Identifier	Note: This information is automatically generated upon certificate generation.	<input checked="" type="checkbox"/>
Place (L)		<input checked="" type="checkbox"/>
State/Province (S)		<input checked="" type="checkbox"/>
Country (C)		<input checked="" type="checkbox"/>
Common Name (FQDN)		<input checked="" type="checkbox"/>
Additional SAN fields (Subject Alt Name fields)		<input type="checkbox"/>

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 QWAC PSD2 SSL certificates have a maximum validity of 1 year.

DETAILS PSD2		
National Competent Authority Name		
ID NCA		
Number in register (PSP Identifier)		
Payment Service Provider role(s)	PSP-AS (Account Servicing)	PSP-PI (Payment Initiation)
	PSP-AI (Account Information)	PSP-IC (Issuing of Card-Based Payment Instruments)

Initials Certificate Manager	Initials Authorised Representative
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**DETAILS CERTIFICATE MANAGER**

First name(s)		
Surname		
Birth date, Place and Country		
Nationality		
Personal Business Email Address		
Personal Business Phone Number		

**VERIFIED ID DOCUMENTS**

Type of ID document	Passport	ID Card
Number ID document		
Expiry date ID document		

**ORGANISATION DETAILS**

Visiting address		
Postcode		
Place		
State/Province		
Country		
General enquiries telephone number		
General enquiries email address		

**DETAILS AUTHORISED REPRESENTATIVE**

First Name(s)		
Surname		

**VERIFIED ID DOCUMENTS**

Type of ID document	Passport	ID Card
Number ID document		
Expiry date ID document		

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/>.

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

Initials Certificate Manager	Initials Authorised Representative
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