

Request Form
QuoVadis Advanced AATL
Personal Organisation certificate



QV-34

By filling in this form, the Certificate Holder, with permission from the organisation's authorised representative, registers their details for the purpose of requesting and generating a QuoVadis Advanced AATL Personal Organisation certificate.

DETAILS CERTIFICATE CONTENT		DISPLAY THESE DETAILS IN THE CERTIFICATE
Name of Trade Register		<input type="checkbox"/>
Trade Registry Number		<input type="checkbox"/>
First Name(s)		<input checked="" type="checkbox"/>
Surname		<input checked="" type="checkbox"/>
Personal Business Email Address		<input type="checkbox"/>
Organisation Name (O)		<input checked="" type="checkbox"/>
Organisational Unit (OU)		<input type="checkbox"/>
Place (L)		<input type="checkbox"/>
State/Province (S)		<input type="checkbox"/>
Country (C)		<input checked="" type="checkbox"/>
Common Name (CN)		<input checked="" 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.

ADDITIONAL DETAILS				
Required Validity	3 years (standard)	2 years	1 year	
Device Options	USB-Token (standard)	Non-QSCD	HSM	QV HSM*

* QV HSM choice – invitation will be sent to QV tech support for installation.

DETAILS CERTIFICATE HOLDER		
Birth date, Place and Country		
Nationality		
Personal Business Phone Number		
VERIFIED ID DOCUMENTS		
Type of ID document	Passport	ID Card
Number ID document		
Expiry date ID document		

Initials Certificate Holder	Initials Authorised Representative
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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/>.

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

Initials Certificate Holder	Initials Authorised Representative
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