

## Request Form QuoVadis Advanced AATL eSeal 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 Advanced AATL eSeal certificate.

DETAILS CERTIFICATE CONTENT		DISPLAY THESE DETAILS IN THE CERTIFICATE
Name of Trade Register		<input type="checkbox"/>
Trade Registry Number		<input type="checkbox"/>
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)	HSM*	QV HSM

\* For use of your own HSM a key ceremony is mandatory.

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		

Initials Certificate Manager	Initials Authorised Representative
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**Request Form**  
**QuoVadis Advanced AATL eSeal certificate**

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):

- 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
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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