

Details certificate administrator /applicant



The certificate administrator / applicant registers his/her personal information through this form for the applicating for, managing and withdrawal of SSL, EV SSL and QWAC certificates at QuoVadis Trustlink Belgium BVBA on behalf of the organisation.

Given name(s) (G)				
Surname (SN) (including prefixes)				
Date of birth, place and country				
Nationality				
Personal business e-mail address				
Personal business telephone number				
Verified identification documents				
Type of proof of identity	Passport		ID card	
Number of proof of identity				
Proof of identity valid until				
Additional information				
First secret question				
Answer to first question				
Second secret question				
Answer to second question				
By signing this form, I, the certificate administrator/ - All statements made regarding informatior - The operational usage of the certificate me QuoVadis CPS's; - All activities shall be performed in the best Details organisation and authorised representations.	n in this form is true, correct are erely will be used commissioned tinterest of the organization.		zation and in ad	ccordance with the
Organisation Name (O) (legal entity)				
Number in trade register (CBE no)				
Given name(s) (G)				
Surname (SN) (including prefixes)				
Verified identification documents				
Type of proof of identity	Passport	ID card		
Number of proof of identity				
Proof of identity valid until				
Certificate admininistrator authorised to:	QV SSL (copy of ID sufficient)	EV SSL (validation trough Face to Face ID mandatory)		QWAC (validation trough Face to Face ID mandatory)
By signing this form, I, as the authorised representa The certificate administrator / applicant sh or until the agreement expires or is ended The certificate administrator is authorised	all retain his / her role until thi	is decision is re	,	·
City				
Date (dd-mm-yyyy)	Signature Applicant / administrator			
City				
Date (dd-mm-yyyy)	Signature authorized representative			
City				·
Date (dd-mm-yyyy)	Signature for RA QuoVadis registration representative			

Name