QuoVadis Qualified Website Authentication Certificaat (QWAC)



Through the means of of this application for the Certificatte manager, with permission from the authorised representative of the organisation, provides necessary inforrmation for the request and generation of a Qualified Website Authentication Certificate (QWAC) on behalf of the

| Details Certificate Content | | Detail in Certificate |
|--|--|-----------------------|
| Name in Trade Register | | |
| Number in Trade Register | | |
| Organisation Name (O) | | ✓ |
| Organisation Identifier | NB: this information is automatically generated upon certificate generation. | |
| Place (L) | | ✓ |
| State/Province (S) | | ✓ |
| Country (C) | | ✓ |
| Common Name (FQDN 1) | | ✓ |
| Common Name (FQDN 2) | | |
| Common Name (FQDN 3) | | |
| Additional SAN Fields (Subject Alternative 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.

| QVVAC Certificates have a maximum validity of | न । year. | | |
|---|-----------|---------|------------------------------|
| Details Certificate Manager | | | |
| First Name(s) | | | |
| Surname | | | |
| Birth date, place and country | | | |
| Nationality | | | |
| Personal Business email address | | | |
| Personal Business telephone number | | | |
| Verified ID Documents | | | |
| Type ID document | Passport | ID Card | |
| Number ID document | | | |
| Expiry date ID Document | | | |
| | | | |
| Paraf | | | Paraf |
| | | | |
| Certificate Manager | | | Authorised Representative |

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QuoVadis Qualified Website Authentication Certificaat (QWAC)



Details Organisation

| zotano organication | |
|------------------------------------|--|
| Visiting address | |
| Postcode | |
| Place | |
| State/Province | |
| Countrty | |
| General enquiries telephone number | |
| General enquiries email address | |
| | |

Details Authorised Representative

| First Name(s) | |
|---------------|--|
| Surname | |

Verified ID Document

| Type 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 QuoVadis CP/CPS Root CA2
- Certificate Terms of Use
- Private Notice

The documents referenced above are available at https://www.quovadisqlobal.com/uk/repository/ and https://www.quovadisqlobal.com/uk/repository/ and https://www.quovadisqlobal.com/uk/repository/

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-jjjj) | Signature Certificate Manager | Paraf Certificate Manager |
| Place | | |
| Date (dd-mm-jjjj) | Signature Authorised Representative | Paraf Authorised Representative |
| Place | | |
| Date (dd-mm-jjjj) | Signature QuoVadis Registration Representative | |
| | Name | |

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