## Request Form QuoVadis Qualified Website Authentication 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 Qualified Website Authentication (QWAC) certificate on behalf of the organisation.

DETAILS CERTIFICATE CONTENT	DISPLAY THESE DETAILS IN THE CER	TIFICATE
Name of Trade Register		$\bowtie$
Trade Registry Number		$\boxtimes$
Organisation Name (0)		$\checkmark$
Organisation Identifier	Note: This information is automatically generated upon certificate generation.	$\checkmark$
Place (L)		$\checkmark$
State/Province (S)		$\checkmark$
Country (C)		$\checkmark$
Common Name (FQDN)		$\checkmark$
Additional SAN fields (Subject Alt 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.

All QWAC SSL Certificates have a maximum validity of 1 year.

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		

## Request Form QuoVadis Qualified Website Authentication certificate



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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 u dated from time to time):

- the QuoVadis CP/CPS Root CA2
- Certificate Terms of Use
- Privacy Notice

The documents referenced above are available at <u>https://www.quovadisglobal.com/uk/repository/</u> and <u>https://www.quovadisglobal.com/uk/privacy-policy/</u>.

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.

F	Place		
Date (dd-mm-yyyy)			Signature Certificate Manager
F	Place		
C	Date (dd-mm-yyyy)		Signature Authorised Representative
F	Place		
C	Date (dd-mm-yyyy)		Signature Registration Representative QuoVadis
	New Manager	Existing Manager	Name QV Representative