

Subscriber Registration PKIoverheid

By filling in this form, you register your organisation as a subscriber for the certificate service of QuoVadis. A subscriber of QuoVadis can request all types of PKIoverheid certificates for all QuoVadis supported PKIoverheid domains.

DETAILS ORGANISATIE	
Organisation name (legal entity)	
Tradename (optional)	
Name of Trade Register	
Trade Registry Number	
Visiting address	
Postcode	
Place	
State/Province	
Country	
General enquiries telephone number	
General enquiries email address	

Declaration

Alle details are saved by QuoVadis TrustLink B.V. and are handled in accordance with the relevant laws regarding data protection.

Details contact person

The persons mentioned on this form are authorised representatives which may appoint certificate holders and certificate managers on behalf of the Organisation (subscriber). The appointed certificate holders and certificate managers are authorised to manage and revoke their Certificates which are issued by QuoVadis TrustLink B.V. to the Organisation (subscriber).

The services related to this application are governed by the Master Services Agreement, which includes (as updated from time to time):

- the QuoVadis PKIoverheid 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.

Required attachments:

- Proof that your organisation is a (governmental) organisation (e.g. extract of the commercial register);
- Proof that the Representatives are authorised within the organisation (e.g. their mentioning by name in the extract of the commercial register);
- Copy of a valid ID document of the Authorised Representative(s);
- Copy of a valid ID document of the Proxy(s).

Initials Authorised Representative	Initials Proxy
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DETAILS AUTHORISED REPRESENTATIVE

First Name(s)	
Surname	
Function/Role	
Personal Business Email Address	
Personal Business Phone Number	
Birth date, Place and Country	
Nationality	

VERIFIED ID DOCUMENTS

Type of ID document	Passport	ID Card
Number ID document		
Expiry date ID document		

DETAILS PROXY

First Name(s)	
Surname	
Function/Role	
Personal Business Email Address	
Personal Business Phone Number	
Birth date, Place and Country	
Nationality	

VERIFIED ID DOCUMENTS

Type of ID document	Passport	ID Card
Number ID document		
Expiry date ID document		

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Place	
Date (dd-mm-yyyy)	Signature Authorised Representative
Place	
Date (dd-mm-yyyy)	Signature Proxy
Place	
Date (dd-mm-yyyy)	Signature Registration Representative QuoVadis
	Name representative QV