

## Request DigiCert Document Signing Service\* Enterprise Account

Only digital applications can be processed. Do not fill out this form by hand.

### Certificate type

- Signing certificate without organization name**  
Regulated certificate complies with the Swiss Signature Act (ZertES (SR 943.03) / VZertES (SR 943.032) and Adobe Approved Trust List (AATL) requirements.
- Signing certificate with organization name**  
Regulated certificate complies with the Swiss Signature Act (ZertES (SR 943.03) / VZertES (SR 943.032) and Adobe Approved Trust List (AATL) requirements and is stored in the QuoVadis datacenter located in Switzerland.

### Client authentication certificate

*\*DigiCert Document Signing Service is provided by DigiCert Switzerland AG.*

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### Organization details

Organization name *(According to the commercial register extract)* – Mandatory

Organization identifier *(Commercial register/UID number)* – Mandatory

Organization location *(Postal code, city, country according to the commercial register extract/UID)* – Mandatory

Billing address *(company name, street #, postal code, city, country)*

Organization phone number

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### Preferred language

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### Technical contact

*(Customer account administrator)*

First name

Last name

Email address

Job title – Optional

Phone number

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**Authorized representatives** (Persons authorized to sign according to the Commercial Register Extract. Authorized representatives are required to go through Remote Identity Verification.)

***Fill out this section if you require a signing certificate with organization name.***

**Authorized representative 1**

First name

Last name

Email address

Mobile number

**Authorized representative 2**

First name

Last name

Email address

Mobile number

## 1 – Submit your validation forms

### a. **Request DigiCert Document Signing Service\* Enterprise Account** form

Send this completed form by email to [qv.register.ch@digicert.com](mailto:qv.register.ch@digicert.com).

### b. **Power of Attorney**

- **Email:** Send completed **Power of Attorney** signed with Qualified signatures by email to [qv.register.ch@digicert.com](mailto:qv.register.ch@digicert.com).

Or

- **Postal service:** Send signed and completed **Power of Attorney** via post to:  
DigiCert Switzerland AG  
Poststrasse 17  
Postfach  
9001 St. Gallen

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## 2 – Contact

Main number: +41 71 228 98 00

Sales: [qv.sales.ch@digicert.com](mailto:qv.sales.ch@digicert.com)

Technical support: [qv.support@digicert.com](mailto:qv.support@digicert.com)

Certificates, registrations: [qv.register.ch@digicert.com](mailto:qv.register.ch@digicert.com)

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## 3 – Revocation

Revoking certificates and reporting certificate problems are important security components of online trust. By submitting the application form, the applicant agrees to the revocation reason for his certificate being published. Further information on certificate revocation is available [here](#).

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## 4 – Terms and conditions

By submitting this application form, the applicant accepts the associated contractual terms and conditions (Master Services Agreement (MSA)) as amended in the respective valid version. The MSA and applicable documents referenced below can be reviewed [here](#) and [here](#):

- DigiCert Europe/QuoVadis CP/CPS
- Certificate Terms of Use
- Privacy Notice