

DIGITAL SIGNATURE CERTIFICATE REVOCATION REQUEST FORM



Select Certificate Type

Form ID _____	Certificate Order ID _____	Class <input type="radio"/> Class 2 <input type="radio"/> Class 3
		Type <input type="radio"/> Individual <input type="radio"/> Organisation

Certificate Subscriber Details

Applicant Name : _____
(First Name) (Last Name)

Mobile : + 9 1 - _____

Email ID : _____

Reason for Revocation :

- | | |
|---|---|
| <input type="checkbox"/> Private Key Compromise | <input type="checkbox"/> Dissolution of the company |
| <input type="checkbox"/> Loss of Private Key | <input type="checkbox"/> Certificate lost due to download failure |
| <input type="checkbox"/> Original corrupted | <input type="checkbox"/> Transferred/Resigned/Retired from the company |
| <input type="checkbox"/> Information in the certificate has changed | <input type="checkbox"/> Change of Organisation |
| <input type="checkbox"/> Use of digital signature discontinued | <input type="checkbox"/> Death of the subscriber
<small>(has to attach the proof of certificate)</small> |

Others please specify : _____

Identity Proof : _____
(As submitted during the enrollment)

Company : _____
(if purchased from organisation)

Declaration by Applicant

I hereby agree that, I have read and understood the provisions of IDSign CA Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate revocation request form is true and correct to the best of my Knowledge.

Date : _____

Place : _____

(Applicant's Signature)

NOTE : SIGNATURE IN BLUE INK ONLY AND FORMS FILLED OTHER THAN BLUE INK SHALL BE REJECTED.