



## REVOCATION FORM ADVANCED/QUALIFIED CERTIFICATE FOR ELECTRONIC SIGNATURE

**To:** InfoCert S.p.A.  
Head of *Digital Certificate Service*

**Address:** Piazza Luigi da Porto 3  
35131 Padua, Italy

**Fax:** +39 06 23328861

**E-mail:** [firma.digitale@legalmail.it](mailto:firma.digitale@legalmail.it)

Date: .....

Dear Company,

I, \_\_\_\_\_, herewith inform you that I wish to revoke the following

*(name and surname)*

advanced/qualified electronic signature certificate:

USERNAME	
PASSPORT ID / ID CARD serial number used at the moment of subscription	
CERTIFICATE IUT	

Please inform us about the reason of this request:

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A copy of the ID Document is attached.

\_\_\_\_\_  
*(Signature)*

