REVOCATION FORM FOR INFOCERT WEB AUTHENTICATION OR SEAL CERTIFICATES

To: InfoCert S.p.A.

Head of Digital Certificate Service

Address: Piazza Luigi da Porto 3

35131 Padua, Italy

E-mail: certificati.webserver@infocert.it
psd2.certificates@infocert.it

DATE: _____

I, the Undersigned,

name of the Applicant: _____

surname of the Applicant: _____

tax identification number of the Applicant: _____

if the tax identification number is not available, indicate the number of the document used during the identification phase:

_____

phone number: _____

email address: _____

as a: _____

of the company: _____

aware, as indicated in the Terms and Conditions and in the Certificate Practice Statement, that it will not be possible to use electronic seals or allow access to sites with cryptographic keys for which the certificate has been revoked,

herewith **inform** you that I wish to proceed with the revocation of the certificates identified below.

Certificate data:

Qualified Web Authentication Certificate (QWAC) Qualified Web Authentication Certificate for PSD2 (QWAC-PSD2)	Serial number: _____ Common name: _____ Issuing CA: _____	☐
Qualified Electronic Seal Certificate (QSealC) Electronic Seal Certificate for PSD2 Certificate (QSealC-PSD2)	Serial number: _____ Common name: _____ Issuing CA: _____	☐
Not qualified certificate of advanced electronic seal	Serial number: _____ Common name: _____ Issuing CA: _____	☐

(Fill in only the selected lines)

Revocation reason:

☐   Cessation of the use of the certificate

☐   Cessation of activity of the titular organization

☐   Change some certified data

☐   Incorrect request

☐   Private key compromise

☐   Unauthorized certificate request

☐   Other: _____

A copy of the ID document is also attached.

_____

(Signature)