INFOCERT CERTIFICATES REVOCATION FORM FOR

QUALIFIED CERTIFICATES ON-DEVICE OR FOR REMOTE SIGNATURE,

AUTHENTICATION CERTIFICATES/CNS,

ON-DEVICE OR REMOTE ADVANCED SIGNATURE CERTIFICATES

To: InfoCert S.p.A.

Head of Digital Certificate Service
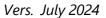
Address: Piazza Luigi da Porto 3

35131 Padua, Italy

E-mail: firma.digitale@legalmail.it

DATE: _____

I, the Undersigned,

name of the Applicant*: _____

surname of the Applicant*: _____

tax identification number of the Applicant: _____

phone number: _____

email address: _____

organization/company/order* *(to be filled in only if the Applicant is the Concerned Third Party):*
_____

*Mandatory data

aware, as indicated in the Terms and Conditions and in the Certificate Practice Statement, that it will not be possible to use electronic signatures or request authentication via private keys for which the certificate has been revoked or suspended,

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

Certificate data:

name and surname of the Subject* (as defined in the Certificate Practice Statement):

_____

tax identification number of the Subject*: _____

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

To correctly identify the certificates to be revoked, fill in all the known data among the following, in particular IUT/DNQualifier.

Signature certificate on-device	IUT/ DNQualifier: _____ Issuing date: _____ Issuing CA and Serial number: _____ Smart-card number: _____	☐
Authentication or CNS Certificate	IUT/ DNQualifier: _____ Issuing date: _____ Issuing CA and Serial number: _____ Smart-card number: _____	☐
Remote signature certificate	IUT/ DNQualifier: _____ Issuing date: _____ Issuing CA and Serial number: _____	☐

(Fill in only the selected lines)

Revocation reason:

_____
_____
_____
_____
_____

A copy of the ID document is also attached.

_____

(Signature)