

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: +39 049 097 8914
E-mail: 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	_____

Please inform us about the reason of this request:

A copy of the ID Document is attached.

(Signature)

