INFOCERT
TINEXTA GROUP

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

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:
_____
_____
_____
_____

A copy of the ID Document is attached.

_____
(Signature)