



Digital Signature Certificate Revocation Request Form

Date & Time of Communication	<input type="text"/>		
Name of Certificate Holder	<input type="text" value="Surname"/>	<input type="text" value="Name"/>	<input type="text" value="Initials"/>
Public Key of Certificate Holder	<input type="text"/>		
	(Please attach a print out of the Digital Certificate wherein the Public Key is displayed)		
Class of Certificate to be Revoked (Please tick the one applicable)	<input type="checkbox"/> Class2	<input type="checkbox"/> SSL	
	<input type="checkbox"/> Class3	<input type="checkbox"/> Code Signer	
	<input type="checkbox"/> (n)eXIM	<input type="checkbox"/> Document Signer	
Reason for Revocation (Please tick the one applicable)	<input type="checkbox"/> Private key Compromise	<input type="checkbox"/> Death / Insolvency of the Subscriber	
	<input type="checkbox"/> Information in the Certificate has Changed	<input type="checkbox"/> Dissolution / Winding up of the Company	
	<input type="checkbox"/> Other (please specify) _____		
E-mail Address	<input type="text"/>		
Distinguished Name	<input type="text"/>		
Serial No. of Certificate	<input type="text"/>		
Certificate Fingerprint	<input type="text"/>		
Date of Revocation Request	<input type="text"/>		
Customer Identification Number	<input type="text"/>		

(To be filled by RA)		Signature of Certificate Holder
Name of RA	<input type="text"/>	
Ref. No.	<input type="text"/>	
Date	<input type="text"/>	

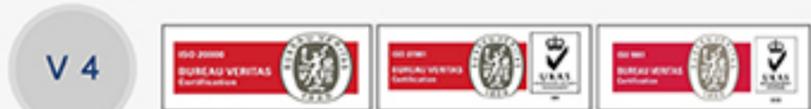
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