

## Request for revocation of qualified certificate

This request should be submitted to a Registration Authority (RA) or a Local Registration Authority (LRA) of the Certificate Authority KIBS (CA KIBS)

### 1. Certificate holder data

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Personal ID number / security number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code and City: \_\_\_\_\_

Country: \_\_\_\_\_

### 2. Certificate data

Serial Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Valid from: \_\_\_\_\_

Valid to: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**By submitting this request, You declare that You agree to revoke the certificate with the above mentioned data because of (state reason):**

\_\_\_\_\_

Name and Surname of the Certificate holder: \_\_\_\_\_

Signature: \_\_\_\_\_

Place and Date: \_\_\_\_\_

**3. Statement from an authorized person of a Legal entity**

(Fulfill this part if the request for revocation for Verba Sign Pro1/Pro2 or Verba Seal S1/S2 certificate is submitted by an authorized person of a Legal Entity)

**I, as an authorized person of the legal entity, request revocation of the certificate from item 1, because (specify reason):**

\_\_\_\_\_

\_\_\_\_\_  
(Name of the Legal Entity)

\_\_\_\_\_  
(Name and Surname of authorized person of a Legal Entity)

\_\_\_\_\_  
(Signature of authorized person of a Legal Entity)

\_\_\_\_\_  
(Place and Date)

(Stamp)

**4. Filled out by an authorized person from RA/LRA**

Certificate Registration Number: \_\_\_\_\_

Name and Surname of authorized person from RA/LRA: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Name of RA/LRA office: \_\_\_\_\_

Date: \_\_\_\_\_