Subscriber certificate Revoke request form SN: ----------

Device (Government)

Revocation requester Information (Authorized Person External Entity APEE)	
Name and first name (name 1, name 2, name 3 and name 6)	
Name of Legal Entity	
Role of APEE in the Legal Entity (Job title)	
Professional email address of APEE	
Professional phone number	
Civil Registration number	
A professional physical address	
Reason of Revocation	
Common Name (CN): Server FQDN (SSL Server/Client Certificate) – VPN Device Name (VPN Certificate) – Time Stamp Unit Number (TSA certificate) – OCSP Responder Number (OCSP Certificate) – Name of the service (Server Signature Certificate)	

Technical Contact information			
Name and first name (name 1, name 2, name 3 and name 6)			
Name of Legal Entity			
Role of TC in the Legal Entity (Job title)			
Professional email address of TC			
Professional phone number			
Entity Registration Number			
Civil Registration number (Copy of the ID must be attached)			
A professional physical address			
Type of certificate to be revoked (only one per form and per key pair and CSR set in this form)	**Type**		**Comment**
	SSL (server):	☐	FQDN :
	SSL (client	☐	FQDN:
	VPN (IPSEC):	☐	VPN Name:
	OCSP:	☐	
	TSA:	☐	
	Server Signing	☐	Service Name:

Revocation Requester(APEE): ----------

Date: ----------

Signature : ----------

Signatories confirm that the information set in this form is complete, correct and true. Signatories confirm that they have taken knowledge of the CP and obligations and responsibilities contained in it and they accept it.

RA Officer 1:(Name /Signature/date) ---------- /----------/ ----------

Revoked certificate Serial Number: