e-Trustcom Services Line
Certificates Revocation/ Suspension/ Reactivation Request

The undersigned: _____

from the Company / Firm: _____

as:

❑ Company Legal representative / Firm Responsible

❑ Certificate Owner

Requires

❑ **Revocation, starting from (time)_____ of (date)_____**
indicate date and time starting from which the Certificate will be REVOKED (if nothing is indicated, the revocation will become actual starting from the moment in which this request is received

❑ **Suspension, for a period of days (in letters)** _____
indicate the period of time during which the Certificate will be SUSPENDED (CRLReason: Hold). At the end of that period, if there is no request for any reactivation, the Certificate will be REVOKED.

❑ **Reactivation, starting from (time)** _____ **of (date)**_____

of the qualified certificate for electronic signatures, which is identified as below:

Owner Name: _____
(Name and Surname)

Referential telephone number:_____

Emergency Code: _____

Date and Place of Birth: _____
(in case Emergency Code is missing)

Organization: _____
(Company /Firm which the owner belongs to, as specified on the Certificate)

Organization Department: _____
(if present on the Certificate as Organization Unit)

Certificate Serial Number: _____

Digital Signature Device Serial Number: _____

For this reason:

❑ Key Compromised

❑ Resignation (Cessation of Operations)

❑ Company data changement

❑ Personal data changement

❑ Other (specify the reason): _____

_____

Date and Place: _____

Signature: _____