DIGITAL SIGNATURE CERTIFICATE REVOCATION REQUEST FORM

emudhra
Trust Delivered

To,

e-Mudhra Consumer Services Limited.

Date: | D | D | M | M | Y | Y | Y | Y |

Instructions:

1. Please fill the form in BLOCK LETTERS only.
2. [*] MARKED Fields are Mandatory.
3. Any discrepancy or inconsistency in the form will lead to delay and / or rejection.
4. Attach request letter or NOC from the organisation to revoke organisation certificate.
5. In the event of applicant's death, the revocation request by the legal heir has to attach legal proof of his/her relationship with applicant.

CERTIFICATE SUBSCRIBER DETAILS*

1. Name:*	First Name	Middle Name	Last Name/Surname
☐ Mr. ☐ Ms. ☐ Dr.			
2. Application ID No. (or) Certificate Sl.No.:*			
3. Email ID*			

4. Type of Applicant*	☐ Individual	☐ Organization/Government/Bank

5. Class of Certificate to be Revoked*

☐ Class 1 Silver Individual	☐ Class 2 Gold Individual	☐ Class 2 Gold Organization
☐ Class 3 Platinum Individual	☐ Class 3 Platinum Organisation	☐ Class 3 Device/Server

6. Reason for Revocation *

☐ Private Key Compromise	☐ Use of digital signature discontinued	☐ Transferred/Resigned/Retired from the company
☐ Loss of Private Key	☐ Death of the subscriber	☐ Original misplaced
☐ Original corrupted	☐ Dissolution of the company	☐ Change of Organisation
☐ Information in the certificate has changed	☐ Certificate lost due to download failure	☐ Others please specify: _____

DECLARATION*

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in e-Mudhra repository. I hereby consent to revoke my Digital Signature Certificate, if physical copy of the Digital Signature Certificate Application along with the supporting documents are not received by eMudhra CA within 15 days of issuance of Digital Signature Certificate.

Date: Place: Name of the Applicant:

Seal & Stamp: Signature:

TO BE FILLED BY RA OFFICE ONLY*

I declare that the applicant has provided correct information in this revocation form. I have checked and verified the application form and supporting documents.

RA Code:	Name:	
Signature:		
Date:	Place:	RA Seal & Stamp

CONTACT DETAILS

Version 3 - Jan 11

CONFIDENTIAL