



**REQUEST FOR REVOCATION, SUSPENSION OR REACTIVATION
of the Signature Certificate or Electronic Seal ***

APPLICANT'S INFORMATION (Physical or Legal Person or Third Interested)

First and Last name

Tax code

Company name

(only for legal person)

VAT number

(only for legal person)

CERTIFICATE DATA

Revocation code

First and Last Name or

Company name

Tax code or VAT number

Registration code

*(Only if the Owner has more
than one Certificate)*

SELECT A REQUEST

Revocation

Suspension

Reactivation

Reason (mandatory field for request for Revocation and Suspension)

If no "revocation code" is provided, attach a valid identification document.

In the event of a lack of such document or revocation code, the Certification Authority shall:

- for suspension or revocation requests, proceed with the suspension of the certificate up to 10 days which, if no such additions to this request will be made, will automatically re-enable the certificate;
- not respond to requests for reactivation.

Request date: _____ Applicant Signature _____

* Fill in and sign the form. Then send it in .PDF format to: tsp@intesigroup.com