

**AUTHORIZATION FORM OF THE THIRD PARTY INVOLVED  
IN THE ISSUANCE OF THE CERTIFICATE**

The Undersigned \_\_\_\_\_  
as legal representative of the Company/Public Utility/Entity \_\_\_\_\_  
Registered Office (City) \_\_\_\_\_  
Tax Code/Vat No. \_\_\_\_\_

**AUTHORIZES**

Intesi Group S.p.A., as qualified trust service provider, to issue a qualified certificate for digital signature containing the "OrganizationName" attribute to:

Mr./Mrs. \_\_\_\_\_  
Tax Code \_\_\_\_\_

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The undersigned request, aware of the penalties provided for by art. 76 of Presidential Decree 445 of 28 December 2000, in the case of false statements, formation or use of false documents, and pursuant to art. 46 of Presidential Decree 445 of 28 December 2000

**DECLARES**

- The Applicant for the Qualified Electronic Signature Certificate works for or is associated with the Company / Body / Administration mentioned above.
- The Applicant for the Qualified Electronic Signature Certificate holds the role \_\_\_\_\_ (\* to be filled in only to add the "Title" attribute into the certificate)

**UNDERTAKES**

to request the revocation of the Qualified Electronic Signature Certificate when the information contained in this declaration are no longer valid.

Attach documentation proving the requester role in the Company, the powers conferred, any professional certifications or limitations in the use of the couple of keys:

- Articles of association;
- Act of incorporation;
- Notarized power of attorney;
- Extract of notarial act;
- Chamber of commerce certificate;
- Law or o decision of Public Administration;
- Other

Date \_\_\_\_\_

Signature and stamp of the  
Company/Public Utility/Entity

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