



## DIGITAL CERTIFICATE REVOCATION/SUSPENSION FORM

※ Fill only with capital letters \* Compulsory (mandatory) items **Section 1: ORGANIZATION INFORMATION** Organization Name \* Business registration number or TIN \* (For organization and Consultants) Organization address \* (For organization) Section 2: SUBSCRIBER/APPLICANT INFORMATION Applicant name \* Position \* ID number \* Tel\*: E-Mail address \* Section 3: APPLICANT DECLARATION AND REASON FOR REVOCATION/SUSPENSION Token Number (For Government Institution only): Applicant name: ..... Applicant Signature: ..... Date :....

Section 5: TO BE FILLED BY REGISTRATION OFFICE	
Revocation reason:	File Number:
	Token Number:(For Gov. Inst.)
I declare that I have checked and verified that the form is well filled and contains the necessary information that allow the request to be considered.	RA Manager Name:
	Date:
	RA Signature: