

**TOKEN LOSS FORM**

✳ Fill only with capital letters      \* Compulsory (mandatory) items

**Section 1: ORGANIZATION INFORMATION**

Organization Name *	
Tax Identification Number (TIN)*	
Organization address *	District
	Sector
	Cell

**Section 2: SUBSCRIBER/APPLICANT INFORMATION**

Applicant name *	
Position *	
ID number *	
E-Mail address *	
	Tel*:

**Section 3: REQUIRED DOCUMENTS**

A declaration Loss letter from RIB.

**Section 4: APPLICANT DECLARATION AND SIGNATURE**

I, by the present form would like report the loss of the token that was given to me by GovCA registration office with serial number .....

Since I still need to use it, I would like to request for a new one.

Applicant name:.....

Date:.....

Applicant Signature:.....

**Section 5: AUTHORIZED SIGNATORY ( Signature of MD or the Head of the company)**

I hereby recognize the loss of the token by this applicant, and I authorize him/her to get a new token on behalf of our institution.

Name of the Authorizing Person :.....

Date:.....

Authorizing person Signature and Organization Seal):.....

**Section 6: TO BE FILLED BY REGISTRATION OFFICE**

I declare that I have checked and verified that the form is well filled and contains the necessary attachments and information that allow the request to be considered.

RA Manager Name: .....

Date: .....

RA Signature: .....