

DIGITAL SIGNATURE CERTIFICATE REVOCATION REQUEST FORM



To,
e-Mudhra Limited
Instruction:

Date:

| | | | | | | | |
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|---|---|---|---|---|---|---|---|

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 |
|--|---|--|-------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | | | |
| 2. Application ID No. (or) Certificate SI.No.:* | | | |
| | | | |
| 3. Email ID* | | | |
| | | | |
| 4. Type of Applicant* | | | |
| <input type="checkbox"/> Individual | | <input type="checkbox"/> Organization/Government/Bank | |
| 5. Class of Certificate to be Revoked* | | | |
| <input type="checkbox"/> Class 1 Silver Individual | <input type="checkbox"/> Class 2 Gold Individual | <input type="checkbox"/> Class 2 Gold Organization | |
| <input type="checkbox"/> Class 3 Platinum Individual | <input type="checkbox"/> Class 3 Platinum Organisation | <input type="checkbox"/> Class 3 Device/Server | |
| 6. Reason for Revocation * | | | |
| <input type="checkbox"/> Private Key Compromise | <input type="checkbox"/> Use of digital signature discontinued | <input type="checkbox"/> Transferred/Resigned/Retired from the company | |
| <input type="checkbox"/> Loss of Private Key | <input type="checkbox"/> Death of the subscriber | <input type="checkbox"/> Original misplaced | |
| <input type="checkbox"/> Original corrupted | <input type="checkbox"/> Dissolution of the company | <input type="checkbox"/> Change of Organisation | |
| <input type="checkbox"/> Information in the certificate has changed | <input type="checkbox"/> Certificate lost due to download failure | <input type="checkbox"/> 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: | RA Seal & Stamp |
| Signature: | | |
| Date: | Place: | |

CONTACT DETAILS

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