

## CERTIFICATE REVOCATION REQUEST FORM

### APPLICANT IDENTIFICATION DETAILS

VAT: \_\_\_\_\_ SURNAMES AND NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TOWN: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

### CONTACT DETAILS

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### REPRESENTATION DETAILS (Mark X as appropriate)

ORGANIC REPRESENTATION (Legal Representative/Administrator)  VOLUNTARY REPRESENTATION (Special and express authority)

### BODY CORPORATE CERTIFICATE HOLDER DETAILS

VAT: \_\_\_\_\_

REGISTERED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

LOCALITY: \_\_\_\_\_

PROVINCE/COUNTRY: \_\_\_\_\_

**CERTIFICATE TYPE:** \_\_\_\_\_

**CERTIFICATE SERIAL NUMBER:** \_\_\_\_\_

**REASON FOR REVOCATION (the simple wish for revocation of the certificate subscriber is a valid reason for the request for the same):**

\_\_\_\_\_  
\_\_\_\_\_

The applicant:

Date: