

### Application for QuoVadis Digital Certificates for Adobe PDF Signing

Please complete the table below with the details of the Digital Certificates required. The Organisation Name will also be included in the Certificate in addition to the information provided below. \* means a required field.

#	Full Name *	e-mail address	Telephone Number (this will not be included in the Certificate) *	Organisation Unit (department)	Locality	State	Country *	Certificate Validity (1, 2 or 3 years) *
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

### Confirming Person – Details and Confirmation

A Confirming Person is a person of authority within the Applicant’s Organisation who confirms the details to go into the requested Digital Certificates. On behalf of the Applicant, the undersigned represents that he/she is **[CEO, President, Corporate Secretary, Treasurer, Vice-President, COO, CIO, CFO, CSO, Director, Department Head, or Senior Manager]**. The Applicant desires to procure one or more Digital Certificates from QuoVadis for Adobe PDF signing, and hereby acknowledges acceptance of the QuoVadis Certificate Holder Agreement and the QuoVadis Certificate Policy/Certification Practice Statement (available at <http://www.quovadisglobal.com/repository>). I hereby acknowledge that for each of the individuals listed above, I have verified their identity either directly or indirectly using means which provide equivalent assurance to physical presence (e.g. HR records). The Confirming Person may be contacted by QuoVadis or Broadgun for the purposes of identity vetting.

<b>Full Name and Title of Confirming Person:</b>	
<b>E-mail address of Confirming Person:</b>	
<b>Full Legal Name of Organisation:</b>	
<b>Registered Address of Organisation:</b>	
<b>Telephone Number:</b>	
<b>Certificate Revocation Passphrase (will be asked for if any of the certificates are to be revoked):</b>	
<b>Signature and Date:</b>	