CERTIFICATE REVOCATION REQUEST

This request form, properly filled out in block letters and signed by the Subscriber organization's legal representative, can be sent to Actalis via ordinary mail, electronic mail or fax at:

Actalis S.p.A.
Via dell'Aprica, 18
20158 Milano

assistenza@actalis.it
Fax: **+39-02-68825.223**
attn. Assistenza e Delivery

I, the undersigned[1] _____,

with fiscal code (or SSN code) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐,

as legal representative of[2] _____

hereby request that the Certificate identified below be **revoked**:

Serial number: _____

Expiration date: _____

Common Name: _____

for the following **reason** (check only one box, as appropriate):

- ☐ *Variation in some of the data included in the certificate (e.g. address of holder organization)*
- ☐ *Registration error (e.g. one or more certificate fields contains incorrect data)*
- ☐ *Private key compromise (e.g. loss, unwanted disclosure to others, etc.)*
- ☐ *Cessation of the certificate holder (organization) activity*
- ☐ *Cessation of certificate use*
- ☐ *Other (specify):* _____

Date: _____

Signature[3] of certificate holder: _____

☞ ***Attach a photocopy or scanned image of one of the signer's identity document (front and back).***

[1] Forename and Surname.
[2] Full name of the certificate holder (organization).
[3] This request form can be electronically signed using a qualified certificate according to European Directive 1999/93/EC.