Request Form QuoVadis Qualified Website Authentication certificate



By filling in this form, the Certificate Manager, with permission from the organisation's authorised representative, registers their details for the purpose of requesting and generating a QuoVadis Qualified Website Authentication (QWAC) certificate on behalf of the organisation.

DETAILS CERTIFICATE CONTENT	DISPLAY THESE DETAILS IN THE CER	TIFICATE
Name of Trade Register		\times
Trade Registry Number		\times
Organisation Name (0)		√
Organisation Identifier	Note: This information is automatically generated upon certificate generation.	✓
Place (L)		✓
State/Province (S)		√
Country (C)		✓
Common Name (FQDN)		√
Additional SAN fields (Subject Alt Name fields)		

The information above is used within the contents of your certificate and will be visible when you use it. All other details provided in this application form are used to process your request. All personal details are handled in accordance with data protection laws.

All QWAC SSL Certificates have a maximum validity of 1 year.

DETAILS CERTIFICATE MANAGER				
First name(s)				
Surname				
Birth date, Place and Country				
Nationality				
Personal Business Email Address				
Personal Business Phone Number				
VERIFIED ID DOCUMENTS				
Type of ID document	Passport	ID Card		
Number ID document				
Expiry date ID document				

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ORGANISATION DETAILS				
Visiting address				
Postcode				
Place				
State/Province				
Country				
General enquiries telephone number				
General enquiries email address				
DETAILS AUTHORISED REPRESENTAT	TIVE			
First Name(s)				
Surname				
VERIFIED ID DOCUMENTS				
Type of ID document	Passport	ID Card		
Number ID document				
Expiry date ID document				

The services related to this application are governed by the Master Services Agreement, which includes (as u dated from time to time):

- the DigiCert Europe/QuoVadis CP/CPS
- Certificate Terms of Use
- Privacy Notice

The documents referenced above are available at https://www.quovadisglobal.com/uk/repository/ and <a href="https://w

By signing this application form, you confirm that the information you provide is complete and correct, and that you agree to the Master Services Agreement, including its above-referenced attachments.

Р	ace		
D	ate (dd-mm-yyyy)		Signature Certificate Manager
Р	ace		
D	ate (dd-mm-yyyy)		Signature Authorised Representative
Р	ace		
Date (dd-mm-yyyy)			Signature Registration Representative QuoVadis
	New Manager	Existing Manager	Name QV Representative

Initials	Initials
Certificate	Authorised
Manager	Representative