

REQUEST FOR MANAGEMENT OF ELECTRONIC SIGNATURE

Serial number of the electronic signature:

To be completed by Registration Authority/Service Provider

Registration number:

Date:

I. Applicant's details:

FIELD	IN ENGLISH
1. First, middle and family name	
2. Personal No	
3. Address	
4. E-mail	
5. Tel.	
6. Concerning the electronic signature the applicant of the request in the role of:	
7. Reason to change the status of the electronic signature:	

II. Electronic signature's details:

FIELD	IN ENGLISH
1. Author's Personal No:	
2. Author's name:	
3. Titular's identification number: * only if the Titular name is stored in the electronic signature	
4. Titular's name: * only if the Titular's is stored in the electronic signature	

III. Control Mode of B-Trust® electronic signature:

I submit the following request for (please select one of the following):

	Suspension;
	Resumption;
	Termination.

Date and hour:

Applicant: