

DIGITAL SIGNATURE CERTIFICATE REVOCATION REQUEST FORM



To,
e-Mudhra Consumer Services Limited.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Instructions:

1. Please fill the form in BLOCK LETTERS only.
2. [*] MARKED Fields are Mandatory.
3. Any discrepancy or inconsistency in the form will lead to delay and / or rejection.
4. Attach request letter or NOC from the organisation to revoke organisation certificate.
5. In the event of applicant's death, the revocation request by the legal heir has to attach legal proof of his/her relationship with applicant.

CERTIFICATE SUBSCRIBER DETAILS*

1. Name:*	First Name	Middle Name	Last Name/Surname
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
2. Application ID No. (or) Certificate Sl.No.:*			
3. Email ID*			
4. Type of Applicant*			
<input type="checkbox"/> Individual		<input type="checkbox"/> Organization/Government/Bank	
5. Class of Certificate to be Revoked*			
<input type="checkbox"/> Class 1 Silver Individual	<input type="checkbox"/> Class 2 Gold Individual	<input type="checkbox"/> Class 2 Gold Organization	
<input type="checkbox"/> Class 3 Platinum Individual	<input type="checkbox"/> Class 3 Platinum Organisation	<input type="checkbox"/> Class 3 Device/Server	
6. Reason for Revocation*			
<input type="checkbox"/> Private Key Compromise	<input type="checkbox"/> Use of digital signature discontinued	<input type="checkbox"/> Transferred/Resigned/Retired from the company	
<input type="checkbox"/> Loss of Private Key	<input type="checkbox"/> Death of the subscriber	<input type="checkbox"/> Original misplaced	
<input type="checkbox"/> Original corrupted	<input type="checkbox"/> Dissolution of the company	<input type="checkbox"/> Change of Organisation	
<input type="checkbox"/> Information in the certificate has changed	<input type="checkbox"/> Certificate lost due to download failure	<input type="checkbox"/> Others please specify: _____	

DECLARATION*

The information provided in this Revocation request form is true and correct to the best of my knowledge and I accept publishing my certificate information in e-Mudhra repository and in Certificate Revocation List (CRL).

Date: _____ Place: _____ Name of the Applicant: _____
Seal & Stamp: _____ Signature: _____

TO BE FILLED BY RA OFFICE ONLY*

I declare that the applicant has provided correct information in this revocation form. I have checked and verified the application form and supporting documents.

RA Code:	Name:	RA Seal & Stamp
Signature:		
Date:	Place:	

CONTACT DETAILS

eMudhra Consumer Services Limited, D.No.2 / 30 A, 1st Floor, Natesa Pandaram Colony, Cherry Road, Landmark: Opp to Post Office, Salem - 636 007. Tamil Nadu
Phone : +91 80 4336 0000 Fax : +91 80 4227 5306 Email : info@e-mudhra.com Website: www.e-mudhra.com

CONFIDENTIAL