APPLICATION FOR REVOCATION OF ORGANIZATION CERTIFICATES

Data of customer	
Company name	**First name/surname of company representative**
Personal ID number/Document number	**Telephone number**
Country	**E-mail**

I hereby wish to revoke following certificates.

Certificates				
Certificate number	**Type**	**Serial**	**Valid from**	**Valid to**

Revocation Reason

I warrant that all information provided is true and correct.

Date   **Signature**

The application has been received by

Date   **First name/surname and signature of customer service staff member**