



Application ID:	
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Applicant Name: (as per Certificate)	
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Certificate Class:	<input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Document Signer <input type="checkbox"/> Code Signer <input type="checkbox"/> SSL
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Certificate Type:	<input type="checkbox"/> Only Signing <input type="checkbox"/> Only Encryption <input type="checkbox"/> Combo
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Reason for Revocation:	<input type="checkbox"/> Private Key Compromise <input type="checkbox"/> Death / Insolvency of the Subscriber <input type="checkbox"/> Information in the Certificate has Changed <input type="checkbox"/> Dissolution / Winding up of the Company <input type="checkbox"/> Other (Please specify)
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Serial No. of certificate:	
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Revocation Date & Time:	
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