



DIGITAL CERTIFICATE REVOCATION FORM

Instructions:

1. Please fill-out this form legibly preferably using BLUE INK.
2. Incomplete applications are subject to rejection.

Date and Time			
Name of the Certificate Holder (Surname, First Name, Middle Name)			
Organization			
Email Address			
Certificate Class (Please check all that applies)	Individual	Agency	
Certificate Type (Please check all that applies)	P12 Certificate	Server Certificate	SSL
Contact Number			
Reason for revocation	Private Key Compromise Information on the Certificate has changed Forgot password to the certificate Others (please specify):		

To be filled out by the RA

Name of RA	
Date	
Reference Number	
Remarks	

Signature over Printed Name of the Certificate Holder

Date Revised: April 2023