

Digital Signature Certificate Revocation Request Form




Name of Certificate Holder *	Surname	Name	Initials
Public Key of Certificate Holder			
(Pls. attach a print out of the Digital Certificate wherein the Public Key is displayed)			
Class of Certificate to be revoked (Please tick the one applicable)	<input type="checkbox"/> Class IIa / (n)21 for MCA	<input type="checkbox"/> Class IIIa for IRCTC / (n)Rail	
	<input type="checkbox"/> Class IIb	<input type="checkbox"/> Class IIIb for Corporates	
	<input type="checkbox"/> (n)eXIM for DGFT	<input type="checkbox"/> Class IIIC for websites	
Reason for revocation * (Please tick the one applicable)	<input type="checkbox"/> Private key compromise <input type="checkbox"/> Information in the Certificate has changed <input type="checkbox"/> Death / insolvency of the subscriber <input type="checkbox"/> Dissolution / winding up of the company <input type="checkbox"/> Other (pls. specify) _____		
E-mail address *			
Distinguished Name			
Serial No. of Certificate *			
Certificate Fingerprint			
Date & Time of Communication			
Customer Identification Number			

(Signature of Certificate Holder) *

Note : Fields marked with * are compulsory.

(n) Care

Ahmedabad Corporate Office	Mumbai	Delhi	Bangalore	Chandigarh	 ncodesolutions.com
079-4000 7300	022-22048908	011-26452279	080-25272525	0172-2707732	