



**REVOCATION REQUEST  
QUALIFIED DIGITAL CERTIFICATE**

Mr./Ms. \_\_\_\_\_

Resident of County/City \_\_\_\_\_

identified by \_\_\_\_, series \_\_\_\_, no. \_\_\_\_, CNP: \_\_\_\_\_

I hereby **request the revocation** of the qualified digital certificate with the following information:

- Full name: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Certificate serial number: \_\_\_\_\_

Reason for revocation: \_\_\_\_\_

Certificate Holder's Signature

Date

\_\_\_\_\_

\_\_\_\_\_