

Request for revocation of qualified digital certificate for legal entity

A request for revocation of a qualified digital certificate for legal entity can be made by:

- A legal representative or procurator for legal entity;
- Certificate holder (a plenipotentiary) for legal entity.

The depositor submits a request for cancellation via e-mail to ca_preklici@halcom.si. The request for revocation of the digital certificate can be delivered by a plenipotentiary, a legal representative, or procurators or in its name via an authorized person. The depositor must send a hand-signed application no later than 3 days after the first application for revocation of a qualified digital certificate to address Halcom d.d., Halcom CA, Dunajska cesta 123, 1000 Ljubljana. The authorized or responsible person of the corporation guarantees the validity of the posted data with their signature.

Legal entity data

Name of legal entity: _____ Registration number: _____
 Address of legal entity: _____ VAT number: _____
 City and zip code: _____

Personal data of the plenipotentiary

Name and Surname: _____ Personal tax No.: _____

Revoking a qualified digital certificate (mandatory indicate the type and data of certificate you wish to revoke)

Digital certificate on smart card / USB key ONE FOR ALL

serial number _____ card number _____ issued on _____

Certificate in the cloud Halcom One

serial number _____ issued on _____

Digital certificate for website authentication

server name and domain name _____ serial number _____ issued on _____

Qualified E-seal

serial number _____ issued on _____

Reason for revocation of certificate

- | | | |
|---|---|---|
| <input type="checkbox"/> Loss of digital certificate | <input type="checkbox"/> Cessation of use | <input type="checkbox"/> Plenipotentiary left the company |
| <input type="checkbox"/> Abuse of digital certificate | <input type="checkbox"/> Change of Data | <input type="checkbox"/> Blocked smart card or USB key |
| <input type="checkbox"/> Miscellaneous (must explain) | | |

Notification of revocation shall be sent to electronic address: _____

Request for revocation issued by

- Plenipotentiary
 Legal representative

Place and date

Name and Surname (IN CAPITALS) and signature of plenipotentiary or legal representative or procurator for legal entity