

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 (the person delivering the request) of the request for revocation delivers the request via electronic mail to the e-mail address ca_preklici@halcom.si or fax number +3861 200 33 60. 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. When making the request in person, the depositor in addition to the request, must enclose valid identification that includes a picture of the depositor. 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