

## APPLICATION FOR A LEGAL PERSON CERTIFICATE

### for the issuance of a Legal Person Electronic Seal

Words used in this form have the same meaning as those in the ICERT-INDI-MO Certificate Practice Statement and in the General Terms and Conditions for the issuance of Legal Person Electronic Seals.

**1. PERSONAL DATA OF THE APPLICANT (fields marked with (\*) are mandatory):**

**Personal Information**

Tax Number (\*) \_\_\_\_\_

Surname (\*) \_\_\_\_\_ Name (\*) \_\_\_\_\_

Date of birth (\*) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M  F

Place of birth \_\_\_\_\_ Province (if applicable) \_\_\_\_\_

Country of birth (\*) \_\_\_\_\_ Nationality \_\_\_\_\_

**Home Address**

Address \_\_\_\_\_

**Identity Document**

Type and number \_\_\_\_\_ Issued by \_\_\_\_\_ On \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Information**

Email address (\*) \_\_\_\_\_ @ \_\_\_\_\_

*(for technical notices and electronic invoicing)*

**Organisation Data**

Organisation Name (\*) \_\_\_\_\_

Address of the Organisation (\*) \_\_\_\_\_

**2. COMPANY DATA (fields marked with (\*) are published with the certificate):**

Company name of the Organisation (Organisation) (\*) \_\_\_\_\_

SubjectDN Common Name (\*) \_\_\_\_\_

Country code (Country) (\*) \_\_\_\_\_

VAT No. <sup>1</sup> (\*) \_\_\_\_\_ or National Trade Register No. <sup>1</sup> (\*) \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

City (\*) \_\_\_\_\_

Mobile phone number (\*) (for Certificate management) \_\_\_\_\_

*(for technical notices, only required for remote applications)*

<sup>1</sup> Please enter either the company's VAT Number or its NTR (National Trade Register) number

I am aware that whoever makes false declarations shall be punishable according to the Italian Criminal Code and all applicable laws (pursuant to Article 76 of Presidential Decree No. 445/2000).



## I HEREBY REQUEST

the issuance from InfoCert S.p.A., a TSP with registered office in Rome, Piazza Sallustio, n. 9, Tax Code 07945211006, of the **Qualified Certificate** for qualified electronic seal, in the name of the Organisation pursuant to the use in **EPREL** and to the documents listed below.

## I AGREE

- That the Service will be provided in compliance with this Application for Registration, with the General Terms and Conditions for Legal Person Electronic Seals available on [www.infocert.it](http://www.infocert.it), which I have previously familiarised myself with and accepted, and with any Applicable Laws as referred to in the General Terms and Conditions;
- That the Service will have a duration of 3 (three) years from the issuance of the Certificate;
- That, if I qualify as a consumer under Legislative Decree No. 206/2005, "Consumers' Code", I will have the right to withdraw from the Contract by giving notice thereof to InfoCert within 14 (fourteen) days of submitting this Application, to the address specified in the General Terms and Conditions.
- That, Pursuant to Article 21 (3) of Presidential Decree No. 633/1972, as amended, invoices for the service shall be electronically submitted by InfoCert using one of the means of transmission specified in the tax regulations in force from time to time. This provision shall not apply if the service is purchased through a reseller who has been authorised by InfoCert to provide the service (in which case such reseller will be responsible for invoicing).

DATE

The Applicant (signature)

Pursuant to Articles 1341 and 1342 of the Italian Civil Code, I explicitly agree with the following clauses of the General Terms and Conditions of Legal Person Certificates for the issuance of Electronic Seals: 1.1 (Rules and definitions); 3 (Responsibility of the Organisation and of the Client); 4.1 (Notices); 4.2 (Changes to contractual terms); 4.3 (Jurisdiction); 4.6 (Intellectual property); 4.7 (Service availability); 8 (Obligations of the Client and the Organisation), 9 (Obligations of the Certifier); 12 (Revocation and suspension of the Certificate); 13 (Responsibility of the TSP); 14 (Termination of the Contract).

DATE

The Applicant (signature)



**TO BE COMPLETED BY THE VALIDATION SPECIALIST (IF RELEVANT)**

Surname \_\_\_\_\_ Name \_\_\_\_\_ Country \_\_\_\_\_ ID Document  
n° \_\_\_\_\_ Issue Date \_\_\_\_\_ declares

that Applicant's data above are consistent with those found in the original ID Document provided and the identity of the Applicant has been recognized as identified above, under the laws and the Certificate Practice Statement issued by the QTSP. A copy of the ID Document of the Applicant is attached to this application form.

that the Applicant is entitled to make the request. A copy of the evidence is attached to this application form.

**DATE**

**The Validation Specialist (signature)**

