

## WIS@key CertifyID Advanced Services CA Certificate Revocation Form

**IMPORTANT: This form should send by fax directly to WIS@key or to your local Affiliate Registration Organisation.**

<b>1. SUBSCRIBER INFORMATION</b>						
Title		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Other:
First Name *						
Last Name *						
Email address *						
Organization *						
Organization Unit/Dept.						
Locality (City, Town)						
State or Province *						
Country *						
<b>2. TOKEN / SMARTCARD SERIAL N°</b>						
<b>3. CERTIFICATE SERIAL No.</b>						
<b>4. REQUESTED *</b>		<input type="checkbox"/> Revocation		<input type="checkbox"/> Suspension		
<b>5. REASONS FOR REQUESTING *</b>						
<input type="checkbox"/> Superseded	<input type="checkbox"/> Key Compromise	<input type="checkbox"/> End the Service	<input type="checkbox"/> Identify Fraud	<input type="checkbox"/> Other:		
Describe:						
<b>6. CERTIFICATE HOLDER SIGNATURE *</b>						
Name: _____		Signature: _____		Date: _____		

\* COMPULSORY DATA

### For INTERNAL USE ONLY

<b>1. FOR WISEKEY or ARO USE ONLY</b>					
RA Name		RA Admin Name			
Email address		Phone			
Date & Time Received		Date & Time Verified			
Procedure Performed	<input type="checkbox"/> Revocation	<input type="checkbox"/> Suspension	Date:	Time:	
<b>2. TOKEN / SMARTCARD SERIAL N°</b>					
<b>3. CERTIFICATE SERIAL No.</b>					
<b>4. REG. OFFICER:</b>		ID: _____		Sign: _____	