



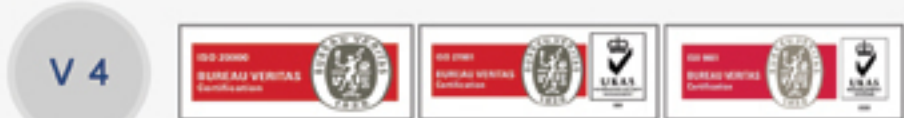
Digital Signature Certificate Revocation Request Form

Name of Certificate Holder	Surname	Name	Initials
Public Key of Certificate Holder	<input type="text"/> <small>(Please attach a print out of the Digital Certificate wherein the Public Key is displayed)</small>		
Class of Certificate to be Revoked <small>(Please tick the one applicable)</small>	<input type="checkbox"/> Class IIa / (n)21 for MCA <input type="checkbox"/> Class IIb <input type="checkbox"/> (n)eXIM for DGFT	<input type="checkbox"/> Class IIIa for IRCTC / (n)Rail <input type="checkbox"/> Class IIIb for Corporates <input type="checkbox"/> Class IIIC for websites	
Reason for Revocation <small>(Please tick the one applicable)</small>	<input type="checkbox"/> Private key Compromise <input type="checkbox"/> Information in the Certificate has Changed <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Death / Insolvency of the Subscriber <input type="checkbox"/> Dissolution / Winding up of the Company	
Date & Time of Communication	<input type="text"/>		
E-mail Address	<input type="text"/>		
Distinguished Name	<input type="text"/>		
Serial No. of Certificate	<input type="text"/>		
Certificate Fingerprint	<input type="text"/>		
Date of Revocation Request	<input type="text"/>		
Customer Identification Number	<input type="text"/>		

<small>(To be filled by RA)</small>		Signature of Certificate Holder
Name of RA	<input type="text"/>	
Ref. No.	<input type="text"/>	
Date	<input type="text"/>	

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