

REMINDER

- This form needs to be sent together with the payment cheque, online transfer slip or bank-in slip payable to **Raffcomm Technologies Sdn Bhd (Company No. 201001015771 (1000449-W))**.
- Applicant **MUST** complete all sections.
- Please fill the form in **BLOCK/CAPITAL LETTERS** only.
- Inconsistent/incomplete applications are liable to be rejected.
- Your application is considered incomplete if you fail to enclose supporting document as below item: -
 - i) Photocopy of MyKad / Passport attested by a notary public/embassy;
 - ii) Legal/Medical/Accounting Practising Profession Certificate
 - iii) Letter of Authorisation (representative or an agent representing on-behalf)

- Note**
- Walk-in application request by agent / representative need to bring together Authorization Letter from the Organisation Head of Department to support the application request.
 - All enclosed document required, non-returnable.

SECTION A : APPLICANT DETAILS (PLEASE FILL IN BLOCK LETTERS ONLY)

Organisation Name <small>(As per SSM ROS)</small>	<input style="width: 95%;" type="text"/>		
Applicant's Name <small>(As per Mykad / Passport)</small>	<input style="width: 95%;" type="text"/>		
Date of Birth <small>(dd/mm/yyyy)</small>	<input style="width: 95%;" type="text"/>	MyKad / Passport No	<input style="width: 95%;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>	Designation	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>		
Postcode	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>
State	<input style="width: 95%;" type="text"/>	Fax No.	<input style="width: 95%;" type="text"/>
Mobile No	<input style="width: 95%;" type="text"/>	Office Phone No.	<input style="width: 95%;" type="text"/>

SECTION B : PLEASE TICK () THE MOST APPROPRIATE OPTION

CERTIFICATE CLASS		CERTIFICATE VALIDITY		CERTIFICATE TYPE		CERTIFICATE MEDIUM		CERTIFICATE KEY USAGE		
<input type="checkbox"/>	Class 1	<input type="checkbox"/>	1 Year	<input type="checkbox"/>	New	<input type="checkbox"/>	USB Token	<input type="checkbox"/>	Document Signing	
<input type="checkbox"/>	Class 2	<input type="checkbox"/>	2 Years	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Softcert / Roaming	<input type="checkbox"/>	Encryption	
				<input type="checkbox"/>	Long-Term Validation (LTV)	<input type="checkbox"/>				Time Stamping

APPLICANT PROCLAMATION

By signing below, I hereby acknowledge that all the information and details given for this application is true, accurate and complete to the best of my knowledge and have not withheld any information or details that would affect the acceptance of my application. I also agree to be bound by the terms and conditions as stipulated in Certificate Practice Statement (CPS) and Subscriber Agreement that are published in the repository, and any amendments made thereto from time to time.

RAFFTECH REPOSITORY : www.rafftech.my/repository

Applicant's Signature: _____ Date: _____ <small>(dd/mm/yyyy)</small>	Company Stamp
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FOR RAFFTECH OFFICE USE ONLY

1st <input type="checkbox"/> Name stated in MyKad <input type="checkbox"/> MyKad No. <input type="checkbox"/> Complete Form <input type="checkbox"/> Payment	2nd <input type="checkbox"/> ST3 Token <input type="checkbox"/> Certificate Issuance <input type="checkbox"/> PIN Mailer	3rd <input type="checkbox"/> 2048bit key length <input type="checkbox"/> 1-year validity <input type="checkbox"/> 2-years validity <input type="checkbox"/> Token PIN <input type="checkbox"/> CN Number	4th <input type="checkbox"/> CypherSign Personal <input type="checkbox"/> CypherSign Pro <input type="checkbox"/> CypherSign Pro Max <input type="checkbox"/> CypherSign Organisational <input type="checkbox"/> RAFFTECH TimeStamping Authority
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VERIFICATION OFFICER Signature : _____ Date	VALIDATION OFFICER Signature : _____ Date	CERTIFICATE AUTHORITY Signature : _____ Date	<input type="checkbox"/> Walk-in (3 working days) <input type="checkbox"/> Courier (5 working days) <input type="checkbox"/> Online (5 working days) Signature : _____ Date
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