

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))**.
- Please fill the form in **BLOCK LETTERS** only.
- Inconsistent/incomplete applications are liable to be rejected.
- We required complete original application form to be send to us by hand or courier for processing.
- Your application is considered incomplete if you fail to enclose supporting document as below item: -
 - Photocopy of Certificate of Incorporation (Form 9 for Sdn. Bhd./Form 8 for Berhad)
 - Authorization letter from Company Director / Partner / Company Secretary in the Organization's letterhead.

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.

ORGANISATION DETAILS (PLEASE FILL IN BLOCK LETTERS ONLY)

Organisation Name <small>(for Token delivery)</small>	<input style="width:95%;" type="text"/>		
Organisation Reg No <small>(for Token delivery)</small>	<input style="width:95%;" type="text"/>		
Email Address	<input style="width:95%;" type="text"/>		
Organisation Address <small>(for Token delivery)</small>	<input style="width:95%;" type="text"/>		
	<input style="width:95%;" type="text"/>		
Postcode	<input style="width:15%;" type="text"/>	City	<input style="width:60%;" type="text"/>
State	<input style="width:95%;" type="text"/>		
Office Phone No	<input style="width:25%;" type="text"/>	Mobile No	<input style="width:50%;" type="text"/>
Fax No	<input style="width:95%;" type="text"/>		

AUTHORISED CONTACT (PLEASE FILL IN BLOCK LETTERS ONLY)

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:25%;" type="text"/>	MyKad / Passport No.	<input style="width:50%;" type="text"/>
Email Address	<input style="width:95%;" type="text"/>		
Designation	<input style="width:95%;" type="text"/>		

KINDLY TICK (✓) APPROPRIATELY

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"/> Encryption
<input type="checkbox"/> Class 2	<input type="checkbox"/> 2 Years	<input type="checkbox"/> Renewal	<input type="checkbox"/> Softcert / Roaming	<input type="checkbox"/> Long-Term Validation (LTV)	<input type="checkbox"/> Time Stamping

APPLICANT'S 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: <https://www.rafftech.my/repository>

Applicant's Signature: <input style="width:90%;" type="text"/> Date: <input style="width:20%;" type="text"/>	Company Stamp
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FOR RAFFTECH OFFICE USE ONLY

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<input type="checkbox"/> Name stated in MyKad <input type="checkbox"/> MyKad No. <input type="checkbox"/> Organization Name <input type="checkbox"/> Complete Form <input type="checkbox"/> Payment	<input type="checkbox"/> ST3 Token <input type="checkbox"/> Certificate Issuance <input type="checkbox"/> PIN Mailer	<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	<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
VERIFICATION OFFICER	VALIDATION OFFICER	CERTIFICATE AUTHORITY	
Signature : _____ Date	Signature : _____ Date	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