

REMINDER

- This Revocation Form is to be completed when a certificate needs to be revoked.
- One (1) form is for one (1) applicant only to request for revocation.
- Applicants **MUST** complete **ALL** sections.
- Please fill the form in **BLOCK LETTERS** only.
- Inconsistent/ incomplete applications are liable to be rejected.
- Your application is considered incomplete if you fail to enclose the following supporting document(s) :-
 - Photocopy of Mykad (both sides)/ passport; and/ or
 - Letter of Authorisation

Note

- Walk-in revocation requests by agent/ representative need to be enclosed together with the Letter of Authorisation from the applicant's organisation to support the revocation request.
- Token/ smartcard must be returned to Raffcomm Technologies Sdn. Bhd. for secure disposal.
- All enclosed documents required, non-returnable.

SUBSCRIBER INFORMATION (PLEASE FILL IN BLOCK LETTERS ONLY)

Applicant's Name
(as per Mykad / Passport)

Mykad / Passport No.

Email Address

Designation

Organisation Name

Organisation Reg. No

Organisation Address

Postcode City State

Office Phone No Mobile No Fax No

PLEASE TICK (✓) THE MOST APPROPRIATE OPTION

CERTIFICATE CLASS		REQUEST TYPE		REVOCATION REASON	
<input type="checkbox"/>	Class 1 Personal	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Private Key Compromise
<input type="checkbox"/>	Class 2 Individual	<input type="checkbox"/>	Revocation	<input type="checkbox"/>	Change of Certificate Data
<input type="checkbox"/>	Class 2 Organisation			<input type="checkbox"/>	Loss of the private key or the hardware device
<input type="checkbox"/>	Class 2 Device			<input type="checkbox"/>	Cessation of Certificate use
				<input type="checkbox"/>	Other Reason <small>(Please specify)</small>

PROCLAMATION

By signing below, I hereby consent to revoke my Digital Signature Certificate and proclaim the information provided in this Revocation Application Form is true 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 that I have read and understood the provisions of RAFFTECH Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same.

Certificate Practice Statement (CPS) link : [RAFFTECH Certificate Practice Statement \(CPS\)](#)
 Subscriber Agreement link : [RAFFTECH Subscriber-Agreement](#)

Applicant's Signature: <input style="width: 90%;" type="text"/> Date: <input style="width: 30%;" type="text"/> <small>(dd/mm/yyyy)</small>	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"/> Complete Form <input type="checkbox"/> Payment	<input type="checkbox"/> ST3 Token <input type="checkbox"/> Certificate Issuance <input type="checkbox"/> PIN Mailer <input type="checkbox"/> Token returned	<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 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 : _____