

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))**.
- Must** complete all sections.
- 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 Company Registration Form
 - Letter of Authorisation

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.

APPLICANT DETAILS (PLEASE FILL IN BLOCK LETTERS ONLY)

Applicant's Name <small>(as per Mykad / Passport)</small>											
Date of Birth <small>(dd/mm/yyyy)</small>		/		/			MyKad / Passport No.				
Email Address											
Designation											
Organisation Name											
Address <small>(for Token delivery)</small>											
Postcode							City				
State											
Office Phone No							Mobile No				
Fax No											

PLEASE TICK (✓) THE MOST APPROPRIATE OPTION

Certificate Validity 1 year 2 years **Status** New Renew
Certificate Medium USB Token Softcert

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/wp/knowledge/>

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

Project Name 1 st <input type="checkbox"/> Name stated in MyKad <input type="checkbox"/> MyKad No. <input type="checkbox"/> Complete Form <input type="checkbox"/> Payment Date : _____ Signature : _____	2 nd <input type="checkbox"/> ST3 Token <input type="checkbox"/> Certificate Issuance <input type="checkbox"/> PIN Mailer Date : _____ Signature : _____	3 rd <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 Date : _____ Signature : _____	<input type="checkbox"/> Walk-in <input type="checkbox"/> Courier Date : _____ Signature : _____
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