

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 following supporting document(s) :-
 - i) Photocopy of Mykad (both sides)/ Passport; and/ or
 - ii) 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 are required and non-returnable.

SUBSCRIBER INFORMATION (PLEASE FILL IN BLOCK LETTERS ONLY)

Applicant's Name <small>(as per Mykad/ Passport)</small>			
Organisation Reg. No		Mykad/ Passport No.	
Email Address			
Designation			
Organisation Name			
Organisation Address			
Postcode		City	
State			
Office Phone No		Mobile No	
Fax No			

PLEASE TICK (✓) AT THE MOST APPROPRIATE OPTION

Certificate Type	<input type="checkbox"/> Class 1 (Individual)	<input type="checkbox"/> Class 2 (Individual)	<input type="checkbox"/> Class 2 (Organisation)	<input type="checkbox"/> Class 2 (Device)
Revocation Reason	<input type="checkbox"/> Private Key Compromise	<input type="checkbox"/> Loss of the private key or the hardware device	<input type="checkbox"/> Change of Certificate Data	<input type="checkbox"/> Cessation of Certificate use

Others Reason (Please specify): _____

PROCLAMATION

By signing below, I hereby consent to revoke my Digital Signature Certificate and proclaim the information provided in this Revocation 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 to be bound by the terms and conditions as stipulated in the RAFFTECH Certificate Practice Statement (CPS) and the Subscriber Agreement that are published in the repository, and any amendments made thereto from time to time.

Certificate Practice Statement (CPS) link : <https://www.rafftech.my/wp/wp-content/uploads/2022/07/Rafftech-CPS-Ver-1.2-updated.pdf>
 Subscriber Agreement link : <https://www.rafftech.my/wp/wp-content/uploads/2019/01/Subscriber-Agreement-Ver-1.1.pdf>

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

Project Name:

RA Officer <input type="checkbox"/> Name stated in MyKad <input type="checkbox"/> MyKad No. <input type="checkbox"/> Complete Form Date: _____ Signature: _____	RA Officer <input type="checkbox"/> ST3 Token <input type="checkbox"/> Certificate Issuance <input type="checkbox"/> PIN Mailer Date: _____ Signature: _____	<input type="checkbox"/> Walk-in <input type="checkbox"/> Courier Date: _____ Signature: _____
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