

A	BIC:	
H		Date:
I,J	Ref:	rel. Ref:
L		Responsible CB:

1. General Data for Requestor

10	Company Name of Requestor:	<i>Enter Company Name and Address of Requestor</i>
11	Company Address of Requestor:	

2. CERTIFYING ENTITY

21	Certifying Entity:	<i>Select Certifying Entity</i>
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3. REQUEST CONTENT

31	I the undersigned as holder/interested third party, request the reactivation of the following authentication certificate issued in his or her name for the following reason:	<i>Enter Name of Requestor</i>
32	recovery of smartcard	
33	other (specify)	

4. DECLARATION PART

41	I attach a photocopy of (<i>indicate the essential data of the identification document</i>)	<i>Enter Data</i>
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Date Name(s) Signature(s)

The undersigned declare(s) to have full capacity and authority to sign this form for and on behalf of the Credit Institution above and that the designated requestor has an employment or agency relation with the latter.

Date Name(s) Legal Representative Signature(s)