Digital Signature Certificate Revocation Request Form

Name of Certificate Holder *	Surname	Name		Initials

Public Key of Certificate Holder	

(Pls. attach a print out of the Digital Certificate wherein the Public Key is displayed)

Class of Certificate to be revoked

(Please tick the one applicable))

- [ ] Class IIa / (n)21 for MCA
- [ ] Class IIIa for IRCTC / (n)Rail
- [ ] Class IIb
- [ ] Class IIIb for Corporates
- [ ] (n)eXIM for DGFT
- [ ] Class IIIC for websites

Reason for revocation *

(Please tick the one applicable))

- [ ] Private key compromise
- [ ] Information in the Certificate has changed
- [ ] Death / insolvency of the subscriber
- [ ] Dissolution / winding up of the company
- [ ] Other (pls. specify) _____

E-mail address *	
Distinguished Name	
Serial No. of Certificate *	
Certificate Fingerprint	
Date & Time of Communication	
Customer Identification Number	

(Signature of Certificate Holder) *

Note : Fields marked with * are compulsory.

(n)Care

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