SIGEN-CA
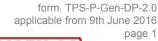**Certification Authority at the Ministry of Public Administration**
Tržaška cesta 21, SI-1000 Ljubljana, Slovenija
http://www.sigen-ca.si
sigen-ca@gov.si

SIGEN-CA

Application for the revocation of a qualified digital certificate for employees of foreign business entities

An application for revocation of a digital certificate for employees of foreign business entities (hereinafter: organisations) may be filed by:
- the certificate holder or
- the responsible person of the organisation(1)

An applicant for revocation shall submit the application form either via e-mail to the address: sigen-ca@gov.si, signed with his or her still valid certificate, or in person to the registration authority(2). The application may be submitted in person by the certificate holder, the responsible person or by a person authorised by the responsible person(3). The submitter shall present a valid identification document with a photograph. The holder or responsible person of the organisation shall guarantee the veracity of data by his or her signature. The application form must be completed in capital letters.

Data on the organisation

Full name of the organisation: _____

Address of the organisation

Settlement:	
Street:	
House number:	
Postal Code(4):	
City:	
Country:	

SI registration number(5): _____   SI tax ID number: _____

Data on the person authorised to submit the application(6)

Name: _____   Surname: _____

Identification document type and number: _____

Identification document issued by(7): _____

By my signature below I guarantee the veracity of the data referred to in this application form.

Place and date: _____   Signature of authorised person: _____

(1) In accordance with SIGEN-CA Policy for qualified digital certificates for business entities, a certificate may be revoked by the holder or an authorised person of the organisation in which the holder is employed or for which he or she works.
(2) The list of SIGEN-CA registration authorities is published on the website http://www.sigen-ca.si/eng/eng-prijavne-slu.php. The data are accepted and verified by the authorised person of the certification authority's registration authority.
(3) The person who is authorised by the responsible person's signature on the application form to submit the application on his or her behalf.
(4) The postal code shall be entered together with the ISO country code.
(5) This item is obligatory if the organisation is registered in Slovenia to pursue an activity and has been assigned a registration number.
(6) If the application form is submitted to the registration authority by the certificate holder, data on the authorised person need not be entered on the form.
(7) The competent authority and country where the identification document was issued.

Data on the responsible person

Name: [   ]   Surname: [   ]

E-mail address: [   ]

Revocation data to be sent to the responsible person: ○ by e-mail   ○ to the address of the organisation

Digital certificate holder's data

Holder's name: [   ]   Holder's surname: [   ]

SI tax ID number: [   ]

E-mail address: [   ]

Revocation data to be sent to the holder: ○ by e-mail   ○ to the address of the organisation

Digital certificate data

E-mail from the certificate: [   ]

Serial number of the certificate(8): [   ]

Date of submission of application to obtain a certificate(9) *(day/month/year):* [   ]

Reason for revoking the certificate

○ Replacement of certificate

○ Certificate compromise

○ Change of data

○ Cessation of use

○ Other

Explanation (not obligatory): [   ]

Request for revocation issued by: ○ Certificate holder   ○ Responsible person

By my signature below I agree that my personal data required for filling out this application form may be taken from the Tax Register and I confirm the veracity of the data referred to in this application and request the revocation of the digital certificate stated herein.

Place: [   ]   Date: [   ]

Signature of the person filing the application for revocation (holder or responsible person): _____

(8) Serial number of certificate to be revoked.
(9) Completion of this field is obligatory if the field with the serial number of the certificate has not been completed.

Data on the registration authority (To be completed by the registration authority's authorised person)

Registration authority:

Name and surname of the authorised person:

Place: Date:

Based on the personal identification document presented by the person authorised to submit the application we hereby confirm his/her identity and the veracity of his/her personal data. Data on digital certificate and its holder will be sent to the certification authority in a secure manner.

Stamp of the registration authority: _____   Signature of authorised person: _____

Print form