



REVOCATION FORM

DECS ID: _____

Registered Business Name: _____

Please revoke the ChamberCard certificate of the following individual:

User Name: _____ Date: _____

E-Mail Address: _____ Tel: _____

Reason for Revocation:	<input type="checkbox"/>	Forgotten Password	<input type="checkbox"/>	User Left Company
	<input type="checkbox"/>	Card Lost or Stolen	<input type="checkbox"/>	System No Longer Required
	<input type="checkbox"/>	Unauthorised Use of Card	<input type="checkbox"/>	User has Changed Role

Other - please specify: _____

BUSINESS AUTHORISATION

IMPORTANT: This must be signed by the same Authorised Signatory/ies who signed the Business Registration Form

We/I confirm that the details on this form are correct and confirm that we/I are/am authorised to request the revocation of the certificate named above for and on behalf of the Registered Business named above.

Authorised Signatory 1

Print Name: _____ Job Title: _____

Signature: _____ Date: _____

Authorised Signatory 2

Print Name: _____ Job Title: _____

Signature: _____ Date: _____

(For ChamberSign Certificate Managers Use Only) Certificate Revocation Authorisation

To Trustis DTP Issuing Authority, Certificate Operations

Fax Number 01635 231366

From (Name of Chamber) on behalf of ChamberSign Ltd. : _____

On the authority of ChamberSign and as an approved Registration Authority, the Chamber instructs you to revoke the certificate with the details as specified below:

SUBJECT NAME _____
(i.e. DISTINGUISHED NAME) in full
as registered with DECS

Additional Information _____

Thumbprint (if available) _____
Serial Number (if available) _____

The revocation request has been received and validated in accordance with section 4.4 of the Governing Certificate Policy. We have retained records of the revocation request.

Print Name: _____ Chamber: _____

Signature: _____ Date: _____