

SSL APPLICATION FORM



ORGANIZATION NAME CERTIFICATE INFORMATION

SERVER NAME ("CN" Field)

CERTIFICATE VALIDITY PERIOD

1 Year

2 Years

3 Years

APPLICANT'S REPRESENTATIVE INFORMATION

ID NO. (PASSPORT NO.)

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NAME AND SURNAME

E-MAIL

WORK PHONE

MOBILE PHONE:

ORGANIZATION ADDRESS

POSTAL CODE.....CITY.....COUNTRY

INVOICE INFORMATION

TAX AGENT

TAX NO.

COMMERCIAL COMPANY NAME :

INVOICE ADDRESS

POSTAL CODE CITY COUNTRY

CSR INFORMATION FIELDS

SERVER NAME

("CN" Field of the Certificate)

DOMAIN NAME OWNER /
ORGANIZATION NAME

("O" Field of the Certificate)

* ORGANIZATIONAL UNIT

("OU" Field of the Certificate)

* STATE

("S" Field of the Certificate)

LOCALITY

("L" Field of the Certificate)

COUNTRY CODE

("C" Field of the Certificate)

* SUBJECT ALTERNATIVE NAME :

("SAN" Field of the Certificate)

NOTE: The fields indicated by "*" are optional. The information within the CSR file to be sent shall exactly be the same as the information given above.

I hereby accept that the information declared above is correct and complete.

