

SSL APPLICATION FORM

Product: *(Please ✓ either one)*

- SSL123**
 SSL Web Server Certificate

Please provide **ALL** the following information for your SSL Certificate generation key:

Remarks:

1. Please ensure all the information is the same as per the domain whois information.
2. Supporting Document:
 - **SSL123:** No document needed, unless requested.
 - **SSL Web Server Certificate:** Company Registration license and current phone bill (1 month)

Organization Name:

Organization Unit: *(Example: department name)*
Country:
State/Province:
City/Locality:
https:// site name:

Corporate Contact Person:

Full Name:
Job Title:
Telephone *(full international number)*:
Email Address:

Technical Contact Person:

Full Name:
Job Title:
Telephone *(full international number)*:
Email Address:

Billing Contact Person:

Full Name:
Job Title:
Telephone *(full international number)* :
Email Address:

Background Information: *(Please ✓ either one)*

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> University Faculty |
| <input type="checkbox"/> "Doing Business As" or "Trading As" | <input type="checkbox"/> University Department |
| <input type="checkbox"/> Public (Listed) Company | <input type="checkbox"/> University Administration |
| <input type="checkbox"/> Private(Unlisted) Company | <input type="checkbox"/> Non-Government Organization (NGO) |
| <input type="checkbox"/> Government Department | <input type="checkbox"/> Interest Group |
| <input type="checkbox"/> Registered Non-Profit Organization | <input type="checkbox"/> OR Please Specify _____ |

Office Street Address: *(Please give the street address of the main offices of the organization being certified.)*

Office fax number: *(Please supply a fax number for that office if you have one.)*