

QuoVadis SSL certificate application form

Certificate Type	QV Business SSL (standard)	QV SSL Wildcard
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Certificate content details

Common Name (CN) (to secure domain name/FQDN)	
Organisation Name (O) (legal entity)	
Department/organisational unit (OU) (optional)	
Location of the organisation (L)	
Province of organisation location (S)	
Country (C)	
Additional SAN fields (Subject Alt Name fields) (Optional, separated by ';' or referral to annex)	

These data will be transferred electronically to our secure Trust Centre to generate the certificate. These data form part of your digital certificate, will be displayed when you use your certificate. All the other data will be stored within QuoVadis Trustlink BVBA and handled as extremely confidential in accordance with the relevant data protection laws.

Additional information required by QuoVadis

Desired validity	3 years*	2 years (standard)**	1 year
Trade register name (if applicable)			
Number in trade register (CBE no)			
Office address			
Postal code, city			
General telephone number			

* 3 years only for Non-Public SSL -- ** max 2 years for Public SSL

Details certificate administrator (this information will not be part of the certificate)

Full name			
Function/role			
Personal business e-mail address			
Personal business phone number			
<i>New administrator</i>	<i>Existing administrator</i>	In case of a new administrator please fill out the QV-19 form.	

By signing this form, the certificate administrator declares that:

- all the declarations that are included with regard to the information in the certificate are true and accurate;
- all reasonable measures will be taken to keep the private key, which corresponds with the public key in the requested certificate, monitored reliably and with correct security;
- the certificate will only be used in accordance with the respective CP/CPS and the user agreement published on <https://www.quovadisglobal.be/repository>;
- the certificate will be withdrawn immediately if the details of the certificate are no longer correct, or in case of loss, theft or possible compromise of the personal key;
- he/she agrees and will act in accordance with the conditions for use published on <https://www.quovadisglobal.be/repository>

City	Signature certificate administrator
Date (dd-mm-yyyy)	
City	Signature for RA QuoVadis registration representative
Date (dd-mm-yyyy)	