

## Certificate Revocation/Suspension/Activation Form

### CERTIFICATE REVOCATION/SUSPENSION/ACTIVATION REQUEST FORM

Certificate Revocation / Certificate Suspension / Certificate Activation

**Important Notice:**

- \* Fields are mandatory
- Strike off which are not applicable
- This application form is to be filled by the applicant.
- Fill this application form and send it to IDRBT CA in person or fax or post.
- Request from authorized third party must be accompanied with an authorized letter from the certificate owner and the third party's identification document like Passport/Voter's ID/PAN Card/Driving License

### CERTIFICATE DETAILS

Certificate Serial Number*:	
Certificate Type*:	Signing / Encryption / Web server / Client / Object Signing
Common Name in the Certificate*	

### CERTIFICATE OWNER DETAILS

Name of Certificate Owner *	
E-Mail*	

### REASON

<p><b>Reason for Revocation / Suspension / Activation*</b></p> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>▪ Check "Certificate Hold" for suspension request</li> <li>▪ Check "Remove from Certificate Revocation List" for activation request</li> <li>▪ Check "Unspecified or Key Compromise or Affiliation Changed or Superseded or Cessation of Operation" for revocation request.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Unspecified</li> <li><input type="checkbox"/> Key Compromise</li> <li><input type="checkbox"/> Affiliation Changed</li> <li><input type="checkbox"/> Superseded</li> <li><input type="checkbox"/> Cessation of Operation</li> <li><input type="checkbox"/> Certificate Hold</li> <li><input type="checkbox"/> Remove from Certificate Revocation List</li> </ul>
<p><b>Details*</b> (Give a brief explanation about the reason for revocation/suspension/activation)</p>	

### AUTHORIZATION

Authorized by *	Certificate Owner / Third Party / SA / RA	
Name*:	Signature*	Date*:
Contact Phone No:	E-mail:	

### FOR RA/ IDRBT CA PURPOSE ONLY

Checklist	Date	Time	Initials
Received the request form? (person/fax/post)			
Received identification document of third party, if any?			

### CONTACT ADDRESS

Please send the duly filled in request form to:

IDRBT Certifying Authority,  
Road No. 1, Castle Hills,  
Masab Tank,  
Hyderabad – 500 057  
India  
Phone/Fax: +91 40 23536297  
Email: [cahelp@idrbt.ac.in](mailto:cahelp@idrbt.ac.in)  
Website: <http://idrbtca.org.in/>