REQUEST FOR ISSUANCE OF QUALIFIED ELECTRONIC SIGNATURE - INFONOTARY QUALIFIED DELEGATED SIGNATURE

I, the undersigned: _____ ID: _____

/name, surname/ /Personal Identification Number /

1. In my capacity of HOLDER/SIGNATORY, I agree to be issued by the Qualified Trust Service Provider INFONOTARY PLC, a qualified certificate for electronic signature with delegated authority from the organization:

Company name: _____

Company No.: _____   VAT №: _____

Country: _____   Representative: _____

Region: _____   Phone number: _____

Locality (city/village): _____   E-mail address: _____

Postal code: _____

Registered office and address: _____

Legal representative/s: _____

2. I request issuance of qualified certificate to be *InfoNotary Qualified Delegated Signature (Qualified electronic signature certificate of an individual with delegated powers*) with validity period .... /1 or 3/ year/s with the following data:

INDIVIDUAL/PERSONAL DATA OF THE HOLDER FOR ISSUANCE OF QUALIFIED CERTIFICATE

First name /latin/: _____

Middle name /latin/: _____

Surname /latin/: _____

Country /latin/: _____

Locality (city/village) /latin/: _____

E-mail address: _____

Choose only one identifier:

Type	Select	Identifier value	Type	Select	Identifier value
ID card №	☐		Other	☐	
Passport №	☐		CIN	☐	
ID number	☐				

COMPANY/LEGAL ENTITY DATA FOR ISSUANCE OF QUALIFIED CERTIFICATE

Full name of the Company/Legal entity /latin/:

_____

Choose only one identifier:

Type	Select	Identifier value	Type	Select	Identifier value
Company No.	☐		Other	☐	
VAT No.	☐				

3. Restricting the access to the published certificate **(X) Yes** ( ) No

4. I declare that the qualified certificate along with the smart card with PIN and PUK numbers will be received by authorized person according to Power of Attorney reg.No. ..../..........

InfoNotary Officer accepted the document: ....

/ name and surname written in handwriting /

Date of acceptance: signature:

5. The information entered in my identity document, which I present to INFONOTARY PLC for my identification purposes, is as follows:

Document type:	*Passport, ID card*	Document number:	
Issued on:		Validation period:	
Issued by:		Citizenship:	
Name:		Date of birth:	
Father's name:		Place of birth:	
Surname:		Sex:	
Personal ID:			
Permanent address:			

Contact information:

Phone:		E-mail:	
Address:			

6. I declare that:

- I am informed and I agree with the relevant certification policy and "Certification Practice Statement for Qualified Certification Services of INFONOTARY PLC", the Tariff for Providing Qualified Certification Services and the official documents of the Provider publicly available at http://www.infonotary.com.
- I agree to provide the INFONOTARY PLC - Qualified Trust Service Provider with all necessary information about his identification and powers in issuing and managing the Qualified Certificate, as well as being informed that the INFONOTARY PLC may automatically collect all data in accordance with the State Administration Act by the primary data administrators.
- I am informed and I agree that the INFONOTARY PLC have the right to keep all information and documents provided by him in connection with the services of issuing and managing a qualified certificate, as well as information about all actions related to this, as well as with the transmission of this information to third parties in accordance with the rules of the applicable certification policy and practice of the INFONOTARY PLC.
- I am informed and I agree that the INFONOTARY PLC have the right to collect, store and process his personal data for performing activity of providing qualified certification services in accordance with the provisions of Regulation (EU) No 910/2014 and the Law on Electronic Signature and Electronic Trust Services and in fulfillment of its obligations arising from tax and accounting legislation and other applicable laws and regulations governing the activities of INFONOTARY PLC. Where his explicit, specific consent to the processing of his personal data is required and does not provide it, the INFONOTARY PLC may not be able to provide him with the relevant product/ service for which the consent was required, and may at any time to withdraw consent without prejudice to the lawfulness of the processing prior to its withdrawal.
- The information provided by me is correct and up-to-date as of the date of signature of this declaration and the identity document submitted by me is valid. I am aware of the criminal responsibility for providing false information under Art. 313 of the Bulgarian Criminal Code.

Date: ....

Signatory: ……
/name and surname written in handwriting/

………………………………………………………………………
/signature/

InfoNotary Officer accepted the document: ……
/name and surname written in handwriting /

Date of acceptance:
signature: