

## INSTRUCTIONS

- Applicant **MUST** be above 18 years old of age.
- MUST complete **ALL** sections.
- This application shall only be valid if the identity verification is successful and the digital certificate is accepted by the subscriber.
- Please enclose photocopies of the following:
  - (a) ONE (1) of the followings: \_\_\_\_\_ and \_\_\_\_\_
  - i) Photocopy of NRIC (both sides)
  - ii) Photocopy of Passport

**NOTE:**  
 (a) For online and postal application photocopy of NRIC / Passport **MUST** be certified true copy by the organisation's Head of Department / Director.  
 (b) Enclosed documents are non-returnable.  
 (c) Organisation shall include Companies, Government bodies, Financial Institutions, NGO, etc.

## CUSTOMER INFORMATION (Please complete your details in CAPITAL LETTERS)

This application is made for:

- Nomination of an Authorised Personnel
  Information Update of an Authorised Personnel

AP's Name <small>(as per NRIC / Passport)</small>			
NRIC / Passport No.		Project's Name	
Nationality			
Organisation Name			
Organisation Address <small>(for device delivery purpose)</small>			
Postcode		City	State:
Tel (Office)		Tel (H/P)	
Email Address <small>(for certificate expiry notification)</small>			

## SECURITY QUESTIONS (This information shall be used for security verification purposes)

Mother's Maiden Name \_\_\_\_\_

Favourite Food \_\_\_\_\_

1st Primary School \_\_\_\_\_

## BILLING INFORMATION

Billing Address  Use same address in Customer Information Section

Postcode \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Person in Charge \_\_\_\_\_

Tel (Office) \_\_\_\_\_

Email Address \_\_\_\_\_

Mode of Payment (in MYR only)

1. Cheque Number (issued to POS DIGICERT SDN. BHD.) : \_\_\_\_\_ Name of Bank: \_\_\_\_\_
2. Bank Draft No. / Purchase Order No. / Postal Order No. (Select where applicable): \_\_\_\_\_
3. Cash Amount: \_\_\_\_\_
4. Bank In: Payable to POS DIGICERT SDN. BHD. HSBC Account No. 001460443021 (Please attach a copy of the bank-in slip)
5. Others: \_\_\_\_\_

**Note: An Authorised Personnel Digital Certificate shall be issued to AP (depending on project requirement).**

## DECLARATION

<p style="font-size: x-small;">I agree to be responsible on the verification through the physical examination of the documents / applicant. Pos Digicert Sdn Bhd shall not be held liable for any wrongful verification or validation of information by the Authorised Personnel during his / her course of duty. I hereby acknowledge that I shall deliver my duties with integrity, responsibility and high level of diligence at all times. I further undertake and agree to indemnify Pos Digicert Sdn Bhd in full against all consequences, liabilities of any kind whatsoever directly arising from the wrongful verification or validation done by me.</p> <p>AP's Signature : _____</p> <p style="text-align: right;">Date _____ / _____ / _____</p>	<p style="font-size: x-small;">I hereby confirm that all the information given for this application is true and accurate and I have not withheld any information that would affect the acceptance of this application. As an Authorised Personnel, he / she will be responsible on certificate registration, application and PIN unblocking for our company. By signing this application form, we are agreeable to be bound by the terms and conditions as stipulated in the Digital Signature Act 1997, Digital Signature Regulation 1998 and Pos Digicert Sdn Bhd's Certificate Practice Statement (CPS). The CPS can be found in our website at <a href="https://www.digicert.com.my/repository/cps">https://www.digicert.com.my/repository/cps</a></p> <p>Authorised Signature (from the organisation): _____  <small>(e.g.: Head of Dept / Manager / Director)</small></p> <p style="text-align: right;">Date _____ / _____ / _____</p>
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