BizChannel

MEDIA RETURN FORM

INSTRUCTIONS: Use a separate form for each user.

User Name: _____

NRIC/ Passport No: _____

Company Name: _____

Company Registration #: _____ Company Tel No: _____

Company Address: _____

_____

Please ☑ Where applicable.

☐ **Expiry*** ☐ **Revocation*** ☐ **Suspension**** ☐ **Reinstatement***** ☐ **Security device change request***

*** Please attach your media (USB Security Device) with this form.**
** Suspension is to temporary holds the effectiveness of the operational period of a certificate without permanently revoking the certificate.
*** Reinstatement is to lift the hold on the certificate.

Reason:

☐ Lost USB Security Device
☐ USB Security Device damaged/ corrupted
☐ USB Security Device PIN blocked/forgotten
☐ Unauthorized use
☐ Others (Please specify)

For replacement of security devices due to loss or damage beyond normal wear and tear, a charge of RM200 will apply.

Revocation/ Suspension/ Reinstatement effective date: _____

USB Security Device serial number: _____

Remarks (if any):

Authorized Signatory (ies) signature:

_____ Date: _____
(Name)

_____ Date: _____
(Name)

Company's stamp:

Digicert Sdn Bhd
No. 3-20 & 3-22, Jalan Jalil Perkasa 14
Aked Esplanad, Bukit Jalil
57000 Kuala Lumpur
Tel: 03-8992 8888 Fax: 03-8992 8811

For office use only

Date Received: _____
AP/ RP Name: _____
AP/ RP Signature: _____

Media Received (if applicable): ☐ Yes ☐ No
Remarks: _____