

Super- AP Registration Form

INSTRUCTIONS

- All fields are mandatory.
- To expedite processing, please enclose the copy of NRIC (both sides)

I, the undersigned, hereby nominate the following person as a Super Authorised Personnel (SAP) for my organization

SAP's Particulars

Name as per IC : _____ NRIC/Passport No : _____

Organization Name : _____ Project Name: _____ (eg: CCRIS, ALERTS)

Address 1 : _____

Address 2 : _____

City : _____ Postcode: _____ State: _____

Phone Number : _____ Fax Number: _____

Corporate e-Mail Address : _____

Mother's Maiden Name* : _____

Favorite Food* : _____ First Primary School* : _____

**This feature is for security when verification is required*

AP's Software Package price: RM 100.00

Mode of Payment : Cheque (Chq. No): _____

Cash or bank in : Payable to: Digicert Sdn Bhd CIMB Acc No 1429-0006101-05-2
(Please attach a copy of bank in slip)

I hereby confirm that all the information given for this application is true and accurate and have not withheld any information that would affect the acceptance of this application. As Super Authorized Personnel, he/she will be responsible on certificate Registration, Application and PIN Unblocking for our company. By signing this application form, he/she also agreed to be bound by the terms and conditions as stipulated in Digital Signature Act 1997 and Digital Signature Regulation 1998.

I agree to be responsible on the verification through physical examination of the document(s) with the physical presence of the applicant.

Supervisor's Signature : _____

SAP's Signature : _____

Name : _____

Name : _____

Designation : _____

Designation : _____

Date : _____

Date : _____

Company Stamp :

Digicert Sdn Bhd Section**Appointment as a Super Authorised Personnel**

With regards to the above matter, we have appointed the above applicants as Super Authorised Personnel. He/she will be responsible on certificate registration / application / PIN Unblocking for your organization.

As a Super Authorised Personnel, he/she has agreed to be responsible on the verification through physical examination of the document(s) with the physical presence of the applicant for certificate application.

Appointed by : _____
Name : _____

Date: _____