



Bacstel-IP

Business Customer Authorised Security Contact Certificate Management Form for the TrustAssured Service

How to complete the form

1 Please use a **BLACK** pen

2 Mark boxes like this
If you make a mistake, do this and mark the correct box

3 Please use **BLOCK CAPITAL LETTERS** and leave one space between each word

Please note: **TWO** Primary Security Contacts must always be set up as a minimum

1. Customer details

We apply to participate in the TrustAssured Service under the Terms & Conditions of the Business Customer Agreement for the TrustAssured Service.

Name of Customer (full registered name if Limited Company)

Please tick one box to select management action required for individual below:

Suspend (max. 30 days) Reactivate Revoke Replace

Immediately Effective from /

Title Mr/Mrs/Miss/Ms/Other – please specify

Contact name

(First name and surname.)

Reason for certificate management action (required)

Please tick one box to select management action required for individual below:

Suspend (max. 30 days) Reactivate Revoke Replace

Immediately Effective from /

Title Mr/Mrs/Miss/Ms/Other – please specify

Contact name

(First name and surname.)

Reason for certificate management action (required)

Please tick one box to select management action required for individual below:

Suspend (max. 30 days) Reactivate Revoke Replace

Immediately Effective from Day Month Year
 / /

Title Mr/Mrs/Miss/Ms/Other – please specify

Contact name

(First name and surname.)

Reason for certificate management action (required)

2. Confirmation

Please make the changes detailed in respect of our Authorised Security Contacts.

We confirm that the details on this form are full and correct.

For and on behalf of the named Customer.

Signature(s)

Date Day Month Year
 / /

Name

Job Title

Signature(s)

Date Day Month Year
 / /

Name

Job Title

This form should be signed by your Authorised Signatory(ies), e.g. if a Company, two Directors should sign (or Director and Witness where the Company has one Director and no Secretary).

Please forward the signed certificate management form to:
AIB, 92 Ann Street, Belfast, BT1 3HH

Customer Authorised Signature checked against mandate and is correct.

<p>Input by</p> <input type="text"/>	<p>Approved by</p> <input type="text"/>
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Name

Date / /

Brand:

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