



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

Day

Month

Year

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

(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

(First name and surname.)

Reason for certificate management action (required)

Suspend (max. 30 days) ☐ Reactivate ☐ Revoke ☐ Replace ☐

Immediately ☐ Effective from Day / Month / Year

Contact name

Reason for certificate management action (required)

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

2 of 3

Customer Authorised Signature checked against mandate and is correct.

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| | |
|----------------------|----------------------|
| Input by | Approved by |
| <input type="text"/> | <input type="text"/> |

Name

Date / /

Brand:

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