

## EV CERTIFICATE REQUEST

An EV Certificate request form must be completed prior any EV Certificate being issued. This form may be used to request multiple EV Certificates, each of which will be issued to a single domain. Each EV Certificate will contain the information listed herein. If unique information (besides the domain) is required, use a separate request form for each EV Certificate.

**Organization Name:** IHR FIRMENNAME (z.B. PSW GROUP GmbH & Co. KG)

*The formal legal name and address as recorded or specified with the Incorporating Agency.*

Address: IHRE STRASSE (z.B. Flemingstrasse 20-22)

City and State (if any): IHRE STADT (z.B. Fulda)

State or province (if any): IHR BUNDESLAND (z.B. Hessen)

Postal code (zip code): IHRE PLZ (z.B. 36041) Country: DE

Main telephone number: IHRE TELEFONNUMMER (z.B. +4966148027610)

**Assumed Name (optional):**

*If desired, Applicant may include an assumed name (e.g., d/b/a name) in the EV Certificate, provided the assumed name is recorded in the jurisdiction of Applicant's Place of Business.*

### Domain Name(s) (one per line):

*Each domain name will require the validation and issuance of its own independent EV Certificate.*

IHRE DOMAIN (z.B. www.psw.net)

Bei Multidomain Zertifikaten werden hier alle zu zertifizierende Domains eingetragen

### Incorporation or Registration Agency:

Incorporating/Registration Agency: IHR ZUSTÄNDIGES AMTSGERICHT

Jurisdiction of Incorporation City or town (if any): SITZ DES AMTSGERICHT (z.B. Fulda)

State or province of Incorporation (if any): BUNDESLAND DES AMTSGERICHTS (z.B. Hessen)

Country of Incorporation: LAND DES AMTSGERICHTES (z.B. DE)

Registration Number (if any): IHRE HANDELSREGISTERNUMMER (z.B. HRA 5007)

*As assigned by the Incorporating Agency (for Private Organization Applicants only).*

### Certificate Requester, Approver, and Contract Signer:

Name: Name des Zertifikatsempfängers, Genehmigers, Unterzeichner des Vertrages (wenn das nicht eine Person ist, bitte anderes Dokument)

Title or Position: Position im Unternehmen

Address: Firmenadresse

City: Firmenadresse State: Bundesland

Country: Land

Direct telephone number: Email Address: E-Mail-Adresse des Zertifikatsempfängers

*This form assumes a single person will be acting as the Certificate Requester, Certificate Approver, and Contractor Signer. If separate roles are required, please use the following form instead: (link)*

### Certification

I, \_\_\_\_\_, request the issuance of EV Certificates for the domains listed herein and certify that the information herein is true and correct: I guarantee the accuracy, authenticity and completeness of the information provided in this EV Certificate Request Form. I will immediately bring any changes or inaccuracies to Comodo's attention. I agree that failure to do so may result in the revocation of the EV Certificate and litigation by Comodo against the company, its affiliates and/or me.

Signed: Date: \_\_\_\_\_

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