

## APPLICATION FOR THE REGISTRATION OF AN ADMINISTRATOR AND A CERTIFICATE IN THE SKD

Name of line	To be completed by the administrator
Name of participant	
Code of participant	
Address	
Name and surname of administrator	
E-mail	
Telephone	
Birth certificate number	
Type and number of ID No. 1	
Type and number of ID No. 2	
Certification authority	
Certificate Serial Number (SN) <sup>(2)</sup>	
Certificate Distinguished Number (DN)	

I agree with processing of the above personal data including copies of submitted personal documents<sup>(3)</sup> in the SKD by the CNB.

I hereby undertake to work in accordance with the SKD user documents and report any changes in registration-related data immediately.

Date.....

Administrator's signature.....

*Consent of the participant's statutory body*

Name, surname, position<sup>(4)</sup>:

Date.....

Signatures.....

*Consent of the Director of the CNB Department administering the SKD*

Date.....

Signature.....