



Sample e-form

Notification form to provide qualified trust services

PART A – INFORMATION ABOUT THE TRUST SERVICE PROVIDER

Organisation Name (as appearing in official registers)

Organisation

Address

Postcode / town

Country

Contact

Tel

Fax

Address

E-mail

PART B - INFORMATION ON THE TYPE OF QUALIFIED TRUST SERVICE TO BE PROVIDED

Detailed information on the type of qualified trust service shall be attached.

Qualified trust services provided (tick):

Qualified certificate for electronic signature (Art. 28 of the eIDAS Regulation)

Qualified certificate for electronic seal (Art. 38 of the eIDAS Regulation)

Qualified certificate for website authentication (Art. 45 of the eIDAS Regulation)

Qualified validation service for qualified electronic signatures (Art. 33 of the eIDAS Regulation)

Qualified validation service for qualified electronic seals (Art. 40 of the eIDAS Regulation)

Qualified preservation service for qualified electronic signatures (Art. 34 of the eIDAS Regulation)

Qualified preservation service for qualified electronic seals (Art. 40 of the eIDAS Regulation)

Qualified electronic time stamps (Art. 42 of the eIDAS Regulation)

Qualified electronic registered delivery services (Art. 44 of the eIDAS Regulation)

PART C - INFORMATION ON FINANCIAL RESOURCES

Information on the provider's economic resources shall be attached.

Financial resources are covered by (tick):

Capital adequacy

Insurance

Both

Other

The enclosed information about the selected scheme must be able to show sufficient economic resources to be able to run a business in accordance with the requirements laid down in law for electronic signature.

PART D - TRUST SERVICE POLICY

The provider's trust service policy(ies) that applies(apply) to the trust services for which a qualified status is requested must be attached and should be accompanied by a valid URL where the policy(ies) and other relevant documents are published. The trust service policy(ies) should indicate the level of security for the service and should contain information about their provision and who is responsible for security in this connection.

PART E - PUBLISHING OF INFORMATION

The XXX will keep updated information pages on the provision of qualified trust services on the address XXX

Do you want a link to your website from the XXX website (tick):

Yes

No

If yes, enter the correct address

PART F – SIGNATURE

The undersigned, hereby declares that the certificate issuer that is registered on this form meets the requirements of the Act and regulations that apply to issuers of qualified certificates, and that information given on this form is correct.

Date

Location

Signature of authorised signatory

Please sign with a click on the signature field above in your Adobe Reader

Attachments