

# DutchGrid Certification Authorities Registration

Reserved for CA operations use

ID Document valid

PoP Challenge verified

RA Signature OK

Surname	
Given names	
Place of Birth	Date of birth (yyyy/mm/dd)
Nationality or ID issuing country	
Identity paper type and number(s)	
RESERVED	

Send this form by mail or fax to

DutchGrid MS CA  
NIKHEF c/o DutchGrid CA  
P.O. Box 41882  
NL 1009 DB AMSTERDAM  
The Netherlands  
  
fax: +31 20 592 5155

The first twenty (20) characters of your proof-of-possession challenge as displayed:

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## Contact Information

Name

Street address (physical delivery address)

Organisation

ZIP code

Phone number

Place (and province where applicable)

Email address

Phone number (direct)

I have filled all data truthfully and to the best of my knowledge, and will abide by the Certificate Policy and practice statement of the DutchGrid Certification Authority.

**Place and date**

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**Signature**

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Please take this form to an RA: see <http://ca.dutchgrid.nl/medium/ralist> for a full list

do not fill below this line

I  have verified the identity of the requester based on the identity piece listed above, and have and that the proof-of-possession challenge is written on the form, and confirm the information is accurate.

I met the applicant in person on

at location

and have confirmed his affiliation with

to the extent required in the CP/CPS.

Notes


Signature of Registration Authority

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