

QUALIFIED ELECTRONIC CERTIFICATE APPLICATION FORM

NOTE! Complete the form only electronically.

| A | Select the type of qualified signature and delivery*1 | | | | | | | |
|------|--|---------------------|---|----------------|---------|-------|------------------------------|---------|
| 1*1 | Type of signature | | = e-Signature on device – Token | | | | Cloud e-signature - ECsigner | |
| 2*1 | Period of validity | | 1 year | 2 years | 3 year | r | | |
| 3*1 | Do you want to insert represented organisation data in the certificate (it is not necessary) | | □ Yes □ No | | | | | |
| 4*1 | Express service (additional service) | | □ Yes N | No | | | | |
| 5 | Delivery - choose one of the options (mandatory field when you order a signature on a physical device) | | Delivery in Po | oland PL | | | Regular | |
| | | | Delivery (courier) within the European Union | | | | Regular | Express |
| | | | Delivery to non EU countries | | | | Express | |
| В | Natural person data to be inser | ted in the | certificate (mus | st be the same | e as on | the i | dentity docume | nt) |
| 6*1 | Given name(s): | | | | | | | |
| 7*1 | Second name(s) (only if you have): | | | | | | | |
| 8*1 | Last name: | | | | | | | |
| 9*1 | Personal identification number (select one): □ PESEL □ TIN (for natural person)*3 □ ID card number*4 □ passport number*2 Contained person Per | | | | | | | |
| C | Additional identification data*1 | | | | | | | |
| | Identity document (select one) | Series and number : | | | | | | |
| 10*1 | □ passport*2 □ ID card (apply to a EU citizen) □ residence card | Issuing sta | te: | | | | | |
| 10 1 | | Issuing authority: | | | | | | |
| | | Expiry date : | | | | | | |
| 11*1 | Citizenship: | | | | | | | |
| 12*1 | Date of birth : | | | | | | | |
| 13*1 | Place of birth: | | | | | | | |
| 14*1 | e-mail address: (personal e-mail of the person indicated in the certificate) | | | | | | | |
| 15*1 | Mobile phone numer: (personal ph. number of the person indicated in the certificate | | | | | | | |



| 16*1 | Do you agree to receive commercial information? | □ Yes □ No | | | | |
|------|---|---------------|--|--|--|--|
| D | Organisation data (required if you want to insert represented organisation data in the certificate and marked Yes in A3, it is OPTIONAL) | | | | | |
| 17 | Full official name: | | | | | |
| 18 | Position held in the organization: (optional) | | | | | |
| E | Delivery terms/collection terms *1 | | | | | |
| 19*1 | e-mail - the e-mail address to which the agreement will be sent | | | | | |
| 20*5 | Method of delivery of PIN codes (the password for the certificate will be sent to the phone number or e-mail, which one is mentioned in 14 or 15) | □ SMS □ EMAIL | | | | |
| 21*5 | Choose one of the following options: ☐ Shipment (give shipping address and full name of a person which is responsible for receipt) ☐ Personal collection (give the address of the EuroCert's point of sale)*6 | | | | | |

I declare that information I provided in the application form above is true.

According to the Personal Data Protection Act (Journal of Laws of 24.05.2018, item 1000 as amended) of 10.05.2018 I hereby agree for processing my personal data disclosed in the above application form by the Data Controller, namely by EuroCert Sp. z o.o. with its registered office in Warsaw, ul. Puławska 474 for the purposes of certification process. In addition, I hereby acknowledge that: I am entitled to access the personal data and to amend it.

By submitting the form, you accept our terms and conditions.

^{*1} mandatory fields

^{*2} apply to the foreigners without PESEL

^{*3} applies to Polish citizens, in the case of providing NIP it will be necessary to provide a confirmation documents.

^{*4} apply to EU citizens, which don't have PESEL; not apply to polish citizens

^{*5} applies to the person who orders a qualified signature on the device (card / token), otherwise leave the fields blank

^{*6} if you want to authorise third party person to collect your certificate on your behalf provide this power of attorney: ftp://ftp.eurocert.pl/Dokumenty/Power of attorney 3.0.docx)



| Information necessary to issue a tax invoice | | | | | | |
|--|---|--|--|--|--|--|
| | | | | | | |
| 1 | Organisation/natural person name/: | | | | | |
| 2 | Tax identification number: | | | | | |
| 3 | Street and number: | | | | | |
| 4 | Zip-code: | | | | | |
| 5 | Locality: | | | | | |
| 6 | e-mail necessary to sending an invoice: | | | | | |
| 7 | Currency | □ PLN □ EUR | | | | |
| 7 | | 1. Acting on the "Rozporządzenie Ministra Finansów z dnia 17 grudnia 2010 w sprawie przesylania faktur w formie elektronicznej, zasad ich przechowywania oraz trybu udostępniania organowi podatkowemu lub organowi kontroli skarbowej (Dz. U. 2010 nr 249 poz. 1661)" I hereby agree for sending by EuroCert Sp. z o.o. in electronic form: invoices, duplicates, corrections. 2. I commit to take invoices (see point 1) in paper form when temporarily it is not possible to get the electronic form. 3. Please send me invoices to my e-mail given above. 4. In the case of changes in my e-mail address I commit to inform EuroCert about that. 5. I declare that I am aware that this declaration can be withdrawn and this leads to stop sending electronic form invoices by EuroCert since next day after that withdrawal. | | | | |