

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 <input type="checkbox"/> e-Signature on device – Token Cloud e-signature - ECsigner | | | | | | | | |
| 2* ¹ | Period of validity 1 year 2 years 3 year | | | | | | | | |
| 3* ¹ | Do you want to insert represented organisation data in the certificate (it is not necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| 4* ¹ | Personal identification method Local notary Video verification (online) | | | | | | | | |
| 5* ¹ | Express service (additional service) <input type="checkbox"/> Yes No | | | | | | | | |
| 6 | Delivery - choose one of the options (Delivery in Poland is included) Mandatory field when you order a signature on a physical device. | | | | | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: 1px solid black; padding: 2px;"> Delivery (courier) within the European Union </td> <td style="width: 40%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Regular Express </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> Delivery to non EU countries </td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Express </td> </tr> </table> | Delivery (courier) within the European Union | <input type="checkbox"/> Regular Express | Delivery to non EU countries | <input type="checkbox"/> Express | | | | |
| Delivery (courier) within the European Union | <input type="checkbox"/> Regular Express | | | | | | | | |
| Delivery to non EU countries | <input type="checkbox"/> Express | | | | | | | | |
| B Natural person data to be inserted in the certificate (must be the same as on the identity document) | | | | | | | | | |
| 7* ¹ | Given name(s): | | | | | | | | |
| 8* ¹ | Second name(s) (only if you have): | | | | | | | | |
| 9* ¹ | Last name: | | | | | | | | |
| 10* ¹ | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: 1px solid black; padding: 2px;"> Personal identification number (select one): <input type="checkbox"/> PESEL <input type="checkbox"/> national personal number <input type="checkbox"/> TIN (for natural person)*³ (national civic registration number)*² <input type="checkbox"/> ID card number*⁴ <input type="checkbox"/> passport number*² </td> <td style="width: 40%; border: 1px solid black;"></td> </tr> </table> | Personal identification number (select one): <input type="checkbox"/> PESEL <input type="checkbox"/> national personal number <input type="checkbox"/> TIN (for natural person)* ³ (national civic registration number)* ² <input type="checkbox"/> ID card number* ⁴ <input type="checkbox"/> passport number* ² | | | | | | | |
| Personal identification number (select one): <input type="checkbox"/> PESEL <input type="checkbox"/> national personal number <input type="checkbox"/> TIN (for natural person)* ³ (national civic registration number)* ² <input type="checkbox"/> ID card number* ⁴ <input type="checkbox"/> passport number* ² | | | | | | | | | |
| C Additional identification data*¹ | | | | | | | | | |
| 11* ¹ | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;"> Identity document (select one) <input type="checkbox"/> passport*² <input type="checkbox"/> ID card (apply to a EU citizen) <input type="checkbox"/> residence card </td> <td style="width: 70%; border: 1px solid black; padding: 2px;"> Series and number : </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;"> Issuing state : </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;"> Issuing authority : </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;"> Expiry date : </td> </tr> </table> | Identity document (select one) <input type="checkbox"/> passport* ² <input type="checkbox"/> ID card (apply to a EU citizen) <input type="checkbox"/> residence card | Series and number : | | Issuing state : | | Issuing authority : | | Expiry date : |
| Identity document (select one) <input type="checkbox"/> passport* ² <input type="checkbox"/> ID card (apply to a EU citizen) <input type="checkbox"/> residence card | Series and number : | | | | | | | | |
| | Issuing state : | | | | | | | | |
| | Issuing authority : | | | | | | | | |
| | Expiry date : | | | | | | | | |
| 12* ¹ | Citizenship : | | | | | | | | |
| 13* ¹ | Date of birth : | | | | | | | | |
| 14* ¹ | Place of birth : | | | | | | | | |
| 15* ¹ | e-mail address: (personal e-mail of the person indicated in the certificate) | | | | | | | | |
| 16* ¹ | Mobile phone number: (personal ph. number of the person indicated in the certificate) | | | | | | | | |

| | | |
|------------------|---|---|
| 17* ¹ | Do you agree to receive commercial information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D | Organisation data (required if you want to insert represented organisation data in the certificate and marked Yes in A3, it is OPTIONAL) | |
| 18 | Full official name: | |
| 19 | Position held in the organization: (optional) | |
| E | Delivery terms/collection terms * ¹ | |
| 20* ¹ | e-mail - the e-mail address to which the agreement will be sent | |
| 21* 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 15 or 16) | <input type="checkbox"/> SMS <input type="checkbox"/> EMAIL |
| 22* ⁵ | Choose one of the following options: <input type="checkbox"/> Shipment (give shipping address and full name of a person which is responsible for receipt) <input type="checkbox"/> Personal collection (give the address of the EuroCert's point of sale)* ⁶ | |

*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

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.

| 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 | <input type="checkbox"/> PLN <input type="checkbox"/> EUR |
| 7 | <input type="checkbox"/> | <p>1. Acting on the „Rozporządzenie Ministra Finansów z dnia 17 grudnia 2010 w sprawie przesyłania 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.</p> <p>2. I commit to take invoices (see point 1) in paper form when temporarily it is not possible to get the electronic form.</p> <p>3. Please send me invoices to my e-mail given above.</p> <p>4. In the case of changes in my e-mail address I commit to inform EuroCert about that.</p> <p>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.</p> |