**QUALIFIED ELECTRONIC CERTIFICATE APPLICATION FORM**

**NOTE!** Complete the form electronically, print it out and sign.

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| --- | --- | --- | --- | --- | --- | --- |
| **A** | **Natural person data to be inserted in the certificate\*1** | | | | | |
| 1 | Given name(s): | |  | | | |
| 2 | Second name(s) (only if you have): | |  | | | |
| 3 | Last name: | |  | | | |
| 4 | Personal identification number  (select one): | | | | |  |
| PESEL (for polish natural person) | | national personal number | | |
| TIN (for natural person)\*3 | | (national civic registration | | |
| ID card number\*4  passport number\*2 | | number)\*2 | | |
| **B** | **Additional identification data\*1** | | | | | |
| 5 | Identity document  (select one)  passport\*2  ID card (apply to a EU citizen)  residence card | Series and number: | |  | | |
| Issuing state: | |  | | |
| Issuing authority: | |  | | |
| Expiry date: | |  | | |
| 6 | Citizenship: |  | | | | |
| 7 | Date of birth: |  | | | | |
| 8 | Place of birth: |  | | | | |
| 9 | e-mail: |  | | | | |
| 10 | e-mail -  the e-mail address to which the agreement will be sent |  | | | | |
| 11 | Phone number:  (necessary for sending certificate access passwords) | | | |  | |
| 12 | Do you agree to receive commercial information? | | | | Yes No | |
| 13 | Readable handwritten signature of a person authorised to use the certificate | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Put your signature here | |
| **C** | **Organisation data** (required if you want to insert represented organisation data in the certificate) | | | | | |
| 14 | Full official name: | | | |  | |
| 15 | Name of an organisation unit:  **(optional)** | | | |  | |
| 16 | Registered office (*street No, post code, city, province, country*): | | | |  | |
| 17 | Position held in the organisation:  **(optional)** | | | |  | |
| **D** | **Delivery terms/collection terms\*1** | | | | | |
| 18 | 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)**\*5** | | | |  | |

\*1 mandatory fields

\*2 apply to the foreigners without PESEL

\*3 Tax identification number; evidence is required to confirm TIN

\*4 apply to EU citizens, which don’t have PESEL; not apply to polish citizens

\*5 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.

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Name and handwritten signature

I agree for including the organisation data disclosed in this application (item C) in the certificate of the person to whom this application applies.

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Given name, surname and signature of persons authorized to represent the organization (only if the certificate is to contain organization’s data - see item C).

|  |  |  |
| --- | --- | --- |
| **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 |  | 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.  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. |