

APPLICATION FORM & AGREEMENT FOR QUALIFIED CERTIFICATE FOR ELECTRONIC SEAL (LEGAL PERSON)

Fill in the fields in capital letters exactly as given in your identification documents (ID or passport).

⁽¹⁾ Fields are filled in by ADACOM S.A.

⁽²⁾ Fields are included in the Certificate data

⁽³⁾ Fields with data non verified by ADACOM

⁽⁴⁾ Mobile phone number provided will be used for receiving PIN for Certificate pick-up or authentication credentials

⁽⁵⁾ Please include the Country issuing the Identity Document

⁽⁶⁾ Please include the Company Name or Distinctive Title as in the Articles of Association or in the Commercial Registry.

Date:	⁽¹⁾ A/A:
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A. APPLICANT-SUBSCRIBER'S DATA

Legal Person's name: ⁽²⁾/⁽⁶⁾

Tax Identity Number (TIN) / National Trade Registry (NTR): ⁽²⁾

Country: ⁽²⁾

Address and Post Code: ⁽³⁾

Telephone Number (fixed line): ⁽³⁾

Telephone Number (mobile): ⁽³⁾/⁽⁴⁾

E-mail address: ⁽³⁾

Legal person's representative

First Name:

Last Name:

Title:

National ID or Passport Number:

Qualified Seal Creation Device

YES

NO

B. TERMS AND CONDITIONS

This Application Form constitutes the agreement between the Subscriber and ADACOM and will become effective on the date of signature thereof or acceptance of ADACOM's General Terms and Conditions for the Use of Qualified Trust Services. By submitting this Application, the Subscriber requests that ADACOM issue a Qualified Certificate for Electronic Seal to the Subscriber. The Subscriber must complete the certificate issuance process within one month from the date of submission of this Application Form. ADACOM's Qualified Trust Services are governed by ADACOM's Certification Practice Statement (CPS), as well as ADACOM's General Terms and Conditions for Use of Qualified Trust Services, as amended from time to time and are published on ADACOM's repository at <https://pki.adacom.com/repository>

Subscriber warrants and represents that Subscriber is legally eligible to submit this Application Form and confirms that the information to be held in the certificate is complete, accurate and correct.

Subscriber agrees to use a Qualified Seal Creation Device (QSCD), which will be provided by ADACOM; the Subscriber is solely responsible for the proper use of the QSCD.

Subscriber may require the non-publication of the certificate to ADACOM's Public Directory.

Subscriber may request revocation of the Certificate via email at revoke@adacom.com or via phone at +30 210 9577255.

Subscriber is responsible for the payment of any fees for the offered trust service, as well as any compensation arising from the improper use of the Certificate

Without prejudice to the limitations of liability included in ADACOM's General Terms and Conditions for the Use of Qualified Trust Services, ADACOM is not liable for indirect or direct damage that result from or relate to the use of the certificates, as well as the performance of software or other applications provided by third parties and are not related with ADACOM.

Upon facing a problem relating to the secure use of the Digital Certificate or the QSCD:

Contact ADACOM Customer Support immediately at +30 210 95 77 255.

The **identity verification** of the Subscriber shall be effected by physical presence in one of the following ways:

- i) by submitting to an authorized employee of ADACOM's LRA or other LRA authorized by ADACOM the following documents:
 1. Proof of the Legal Representative's identity based on a National ID (for Greece and Cyprus) or Passport issued by any other country, given that the document includes a unique number assigned by the document issuing authority.
 2. Filled and signed Application Form by the Legal Representative (or third authorized person*).

3. Recent Certificate of Representation issued by the General Business Registry and/or any other company's legalization document of the Legal Person which proves its Name, Tax ID Number and Legal Representative.

or

ii) By sending the copy of the National ID or Passport via courier or postal service to ADACOM's LRA other LRA authorized by ADACOM in dully validated or notarized copies (by a notary public, or other official with comparable authority within the subscriber's jurisdiction) and the present Application Form with verification of original signature by any official authority with such powers.

The validation of the above documents must be in the Greek, English, French or German language. In case of documents issued in other than the above languages, the validation must be accompanied by an official translation in one of the above-mentioned languages. The documents will be accepted if they have been validated within 6 months before the submission of this Application form.

**In case of a third authorized person applying for the issuance of the Qualified Certificate, copy of power of attorney from the Legal Representative to that third person or any other equivalent document, which shows that the third person is able to sign on behalf of the Legal Representative.*

C. NOTICE REGARDING PERSONAL DATA PROCESSING

RECORD OF PERSONAL DATA

ADACOM keeps a record of validation information collected during the registration, device provision and any subsequent revocation, as well as any other information included in the certificate.

The use, processing and storage of information included in this Application is conducted in accordance with the ADACOM's Privacy Statement which is published on ADACOM's [repository](#).

PURPOSE OF PROCESSING

ADACOM processes personal data in order to issue certificates, provide consultancy services to the Subscriber and communication for certificate-related issues.

RETENTION PERIOD OF RECORD

The record of certificates and the related documents is kept for at least 7 years or as required in compliance with applicable laws. The retention period is calculated from the expiration date of the certificate.

TRANSFERRING RECORD TO THIRD PARTIES

In case ADACOM terminates its services, the aforementioned record will be transferred to another Qualified Trust Service Provider.

I have read and accept ADACOM's General Terms and Conditions for the Use of Qualified Trust Services.

The Applicant-Subscriber

Name/ Surname:

Title:

Signature:

⁽¹⁾Authenticated by RA or LRA

Name/ Surname:

Title:

Signature:
