



Digi-Sign Certification Services Limited
Notification of Change of Nomination of Authorized User
[Organizational (Remote) ID-Cert Class 15]

電子核證服務有限公司
更改授權用戶提名通知書
[機構(遠程)ID-Cert 類別十五]

Subscriber No. 機構登記編號 : _____

Organization Name 機構名稱 : _____

Business Registration / Organization Registration No.
 (if applicable)
 商業登記證號碼 / 機構註冊號碼 (如適用) : _____

Authorized Representative 授權代表姓名 : _____

ID Document No. of Authorized Representative
 授權代表身份證明文件號碼 : _____

Tel. No. 電話號碼 : _____

E-mail Address for contact purposes 供聯絡之電郵地址 : _____

Current Authorized User Information 現有授權用戶資料	
Name of Authorized User 授權用戶姓名	_____
ID Document No. 身份證明文件號碼	_____
Identification Reference of the Authorized User 授權用戶識別參考	_____
ID-Cert Serial No. ID-Cert 證書編號	_____

Type of Change Required 所需更改項目	Changed Particulars 更改資料
Name of Authorized User 授權用戶姓名	_____
ID Document No. 身份證明文件號碼	_____
Mobile Phone No. 手提電話號碼	_____
E-mail address 電郵地址	_____
Effective Date 生效日期	_____

We confirm that the above information provided by us is true and correct. We also attach herewith a copy of the identity document of the new authorized user for your verification. We also confirm that the new authorized user is associated with the Identification Reference on the ID-Cert starting from the effective date.

本機構確認以上所提供的資料真確無誤，並附上新授權用戶之身份證明文件副本以供核實。本機構並確認於生效日期開始，新授權用戶與 ID-Cert 上之識別參考是關聯的。

We hereby agree that information provided above will be automatically updated to our registered account in Digi-Sign Certification Services Limited.

本機構同意上述資料將自動於本機構所登記之電子核證服務有限公司服務登記內作更新。

Please submit this notification and the required documents to Digi-Sign Certification Services Limited, 11/F & 12/F, Tower B, Regent Centre, 63 Wo Yi Hop Road, Kwai Chung, Hong Kong. If this request form is digitally signed by Personal (Remote) ID-Cert Class 12, please send this request form and the required documents to hotline@dg-sign.com.

請寄回此通知書及所需文件至電子核證服務有限公司，香港葵涌和宜合道 63 號麗晶中心 B 座 11 及 12 樓。如使用個人 (遠程) ID-Cert 類別十二電子簽署此表格，請電郵此表格及所需文件至 hotline@dg-sign.com。

Signature of Authorized Representative : _____
 授權代表簽署 Organization Chop 請蓋上機構印鑑

Date : _____ / _____ / _____
 日期 D (日) M (月) Y (年)

For Internal Use Only

Acknowledgement	Request No.	Subscriber No. of New AU	Checked by RC