

StartCom Extended Validation Application Request

Instructions

Steps

The following documents are required to be completed and submitted to StartCom before we can start the procedures for Extended Validation:

1. A signed acknowledgment of the StartCom Extended Validation Subscriber Agreement.
2. A lawyer's opinion letter completed by your internal or external legal counsel (Lawyer/Attorney/Notary).

Print and complete the documents. Send them by -

- Digitally Class 2 signed email with attachment
- Registered postal mail.
- Courier Express delivery like EMS, UPS, DHL etc.

to:

certmaster@startcom.org

or

StartCom Certification Authority
P. O. Box 1630
88000 Eilat
Israel

**To: StartCom Certification Authority
Eilat, Israel, +972-8-634-4171**

Acknowledgment of the StartCom Extended Validation Subscriber Agreement

I <Full Name>, am the <Position/Title> of <Company/Organization> (Applicant) and am duly authorized by <Company/Organization> to enroll for Extended Validation Certificates - which is the digital equivalent of a company stamp or seal - with the StartCom Certification Authority on behalf of <Company/Organization> ('Applicant').

I have read and confirm the Applicant's acceptance and acceptance by myself of all obligations placed upon me and the Applicant by the *StartCom Certification Authority Policy & Practice Statements* and *StartCom Extended Validation Certificates Policy Appendix*, that includes all Extended Validation terms and conditions on behalf of <Company/Organization>.

The Applicant acknowledges the right to use the domain names in connection with its business for the digital certificates the Applicant requests and any subsequent and/or additional certificates obtained by the Subscriber. Further the Applicant is aware that the loss or misuse of this identity in form of a digital certificate can result in great harm to the Applicant.

The Applicant agrees to indemnify StartCom and its directors, officers, agents, employees, contractors, parents, affiliates, or subsidiaries (collectively, the 'Indemnified Parties') and hold the Indemnified Parties harmless from and against any losses, costs, damages, and fees (including reasonable attorney's fees).

I confirm that the Applicant's Jurisdiction of Incorporation information listed below is accurate and complete.

City or Town (if applicable): _____
State or Province (if applicable): _____
Country of Incorporation: _____
Incorporating Agency: _____
Registration Number: _____

Regards,

Full Name: _____
Place: _____
Signature: _____
Date: _____

LAWYER / ATTORNEY / NOTARY OPINION LETTER

To:	StartCom Certification Authority P. O. Box 1630 88000 Eilat Israel
Email:	certmaster@startcom.org
Re:	Extended Validation Request
Client (Company):	
Represented by:	

Instructions for Lawyer/Attorney/Notary

- This letter may be completed by any internal or external legal counsel properly registered with the appropriate Bar or attorney Association.
- If you are unable to attest to any fact below, you may indicate so by striking a line through the relevant section.

I represent _____ (“Client”), who has submitted the Application to you as described above (“Application”). I have been asked by my Client to present you with my opinion as stated in this letter.

My opinion below is based on my familiarity with the relevant facts and the exercise of my professional judgment and expertise.

On this basis, I hereby offer the following opinion:

- _____ is employed by my client as _____ and has the necessary authority to act on behalf of the Company to:
 - (a) provide the information about the Company required for issuance of the EV Certificates as contained in the attached Application,
 - (b) request one or more EV Certificates and to designate other persons to request EV Certificates,

(c) agree to the relevant contractual obligations contained in the Subscriber Agreement on behalf of the Company, and
(d) provide confirmation that the Company has knowledge of its ownership of domain(s) to be included in any subsequent EV certificate issued to the company in the future.

- My client has a physical presence at the following location:

Address : _____

ZIP/Post Code _____

City: _____

State: _____

Country: _____

- My client's registered telephone number(s) where Client's Certificate Approver can be contacted by telephone is:

Area Code: _____ Number: _____

- Client has an active current Demand Deposit Account (*) with _____, a regulated financial institution.

(Optional: Insert customary limitations and disclaimers for opinion letters in your jurisdiction.)

Name: _____

Signature: _____

Date: _____

Jurisdiction(s) where admitted to practice: _____

Contact information of your Bar Association or Law Society: _____

* Demand Deposit Account: a deposit account held at a bank or other financial institution, the funds deposited in which are payable on demand. The primary purpose of demand accounts is to facilitate cashless payments by means of check, bank draft, direct debit, electronic funds transfer, etc. Usage varies among countries, but a demand deposit account is commonly known as: a checking account, a share draft account, a current account, or a checking account.