

Registration Entity Form

Date: ____/____/20____
(dd/mm/yyyy)

Service Plan

Tick one (or both) of the below options depending for which service plan you are submitting the request:

- ☐ High Trust Service Plan (submit Legal Person certificates requests)
- ☐ Natural Person Service Plan (submit Natural person certificates requests)

Entity Legal Information

Provide the legal information of the Entity/Organization as it exists in the Iraqi authoritative source (such as the Official Gazette of Iraq for government entities and/or *Iraqi Incorporating or Registration Agency*).

Organization Name (legal name)	
Organization Identifier¹	
Address	
City	
State/Province	
Country	
Phone Number	
Fax Number	
Email Address	

¹ VAT number assigned by the national tax authority. In the case of a government entity with no such identifier, this field is filled in with "GOVIQ".

Official Representative

The natural person that has the authority to authorize certificate requests originating from an entity. He is the legally authorized official representative of the entity. It is also called Applicant. The Official Representative may be a Minister/Director/Chairman/Chief Executive/Head of the entity listed in the Iraqi reliable data sources.

Full Name	
Designation or Position	
Mobile Number (Optional)	
Phone Number	
Email Address	

Applicant Representative

A natural person who is in charge of submitting legal certificate requests and legal certificate revocation requests on behalf of the applicant.

In the case of Natural Person certificates, the applicant representative may also serve as an LRAO.

Full Name	
Designation or Position	
Mobile Number (Optional)	
Phone Number	
Email Address	

Add/Remove Applicant Representative

This section is only required when one of the following purposes is selected, otherwise skip this section:

- ☐ Enroll a new applicant representative in an existing entity.
- ☐ Remove an applicant representative from an existing entity.

First Name	
Last Name	
Designation	
Mobile Number (Optional)	
Phone Number	
Email Address	

☐ I/We hereby confirm that the information provided herein is accurate, correct, and complete and that the documents submitted along with this application form are genuine. I undertake to inform Technology Source in writing of any changes to the information already provided on/with this form.

**TECHNOLOGY
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Official Representative Signature

Stamp