|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | | --- | | **CLIENT REPRESENTATIVE** | | REGISTRATION | | STCA 2 | |
| **COMPANY** | |
| *The following must be sufficient to clearly identify the company for which the Client Representative works.*   |  |  | | --- | --- | | Company name | Enter text | |  |  | | |
| **CLIENT REPRESENTATIVE INFORMATION** | |
| |  |  | | --- | --- | |  |  | | Last name | Enter text | |  |  | | First name | Enter text | |  |  | | Functions | Enter text | |  |  | | Contact |  | |  |  | | Phone number | Enter phone number | |  |  | | Email | Enter email | |  |  | | |

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| **COMMITMENT** |
| The Client Representative, designated hereinabove is:   * Responsible for the designation of any Certificate Representative. * Committed to provide the Certificate Authority any change about Certificate Representative change. * The only contractual interface for the STCA service between the Certificate Authority and its company. |
| **SIGNATURE** |
| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | |  | | Client Representative  *By singing this document I declare myself as the Client Representative for the company I singed for and will be the supervisor of the future Certificate Representative(s).* | | Name | |  | | Date | | Select date | | Signature *(preferably export the doc to pdf and electronically sign it)* | |  | |  | |  | |  |  |  | |

*According to the French Data Protection Act of January 6, 1978, you have the right to access, modify, correct, and delete your personal data.  
To exercise this right, please contact the Certificate Authority by send a mail at the address stca2@frenchsys.com. Consider the Certificate Authority might be unable to provide the expecting service if identification information is missing.*