

CI+ Company/Brand On-boarding Form

The information requested on this form is required to create the account on the CI+ portal and is also to create the initial Brand CA.

Your PO number (For reference only)	
-------------------------------------	--

Company Details

The Company Name, Locality, State, and Country fields are used to populate the fields in the Brand CA. For these fields, only the following printable characters are permitted: 'A'-Z', 'a'-z', '0'-9', '(', ')', '+', '-', '.', '/', ':', '=', '?' and "space".

Official Company Name * (As stated in business registration)	
Company Address * (Address, City, Country)	
Salutation (Mr., Mrs., or Ms.)	
Company Contact Name * (Given name, Family name)	
Company Contact Job Title	
Company Contact Phone Number *	
Company Contact Email Address *	

* Mandatory field

Brand CA settings for Subject Distinguish Name

L-Field: Locality/City where the company/brand is located *	
ST-Field: State where the company/brand is located *	
C-Field: Country where the company/brand is located *	

Select accordant License:

CICAM Manufacturer

RoT (SHA-1)

Host Manufacturer

2nd RoT (SHA-2)

Billing Contact Details (for initial and annual license fees)

Company Name	
Billing Contact Name (Mr./Mrs./Ms., Given name, Family name)	
Billing Address (Address, City, Country)	
Billing Contact Phone Number	
Billing Contact Fax Number	
Billing Contact Email Address	

Billing Contact Details (for device registration fees)

Same as Billing Contact Details (for initial and annual license fees).

If checked, leave the following table blank.

Company Name (if different than above)	
Billing Contact Name (Mr./Mrs./Ms., Given name, Family name)	
Billing Address (Address, City, Country)	
Billing Contact Phone Number	
Billing Contact Fax Number	
Billing Contact Email Address	

Billing Contact Details (for Device ID Credentials)

Same as Billing Contact Details (for initial and annual license fees).

If checked, leave the following table blank.

Company Name (if different than above)	
Billing Contact Name (Mr./Mrs./Ms., Given name, Family name)	
Billing Address (Address, City, Country)	
Billing Contact Phone Number	
Billing Contact Fax Number	
Billing Contact Email Address	

Default Shipping Address (for additional physical documents and items)

Same as Billing Contact Details (for initial and annual license fees).

If checked, leave the following table blank.

Company Name (if different than above)	
Delivery Contact Name (Mr./Mrs./Ms., Given name, Family name)	
Delivery Address (Address, City, Country)	
Delivery Contact Phone Number	
Delivery Contact Fax Number	
Delivery Contact Email Address	

Please sign and date this form.

Signature
Date

Please send the signed form to:

DigiCert, Inc.
CIPlus Services
Orion Building
Ballycoolin Business Park
Blanchardstown, Dublin 15

Also send a completed and signed copy in PDF format to:

ciplus@digicert.com