Digi-Sign Certification Services Limited
Change of Authorized Representative Request Form
(Organizational ID-Cert Class 5)
電子核證服務有限公司
授權代表更改表
(機構 ID-Cert 類別五)

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) : _____

Current Authorized Representative Information 現有授權代表資料	
Name of Authorized Representative 授權代表姓名	
ID Document No. 身份證明文件號碼	

Type of Change Required 所需更改項目	Changed Particulars 更改資料
Name of Authorized Representative 授權代表姓名	
ID Document No. 身份證明文件號碼	
Address 地址	
Home Tel. No. 住宅電話號碼	
Office Tel No. 公司電話號碼	
Mobile No. 手提電話號碼	
Fax No. 傳真號碼	
Contact Email Address 供聯絡之電郵地址	
Department / Position 部門 / 職位	

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 representative and the authorization letter for your verification. We understand that company search may be required for the verification and we agree to pay the fee.

本機構確認以上所提供的資料真確無誤，並附上新授權代表之身份證明文件副本及授權書以供核實。本機構明白核實或許需要公司查冊，並同意支付相關費用。

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 request form 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.

請寄回此表格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。

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 AR	Checked by RC