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Certigna intervention form

Holder's identity validation form

TBS Certificats reference numbe 1550229780

1 Certificate information							
Certificate type: ☑ Pack ID RGS** ☐ Pack ID RGS*** ☐ Cachet Serveur				ır RGS**			
2 Information about the future holder							
First Name Last Name: E-mail:		Future HOLDER					
		future.holder@tbs-certificats.com					
Information about the entity							
Company n	ame:	TBS CERTIFICATS					
Number of	SIRET:	44044381000021					
Address:		22 rue de Bretagne					
Post Code:		14000		City:		CAEN	
Country:		France		Phone Nun	nber:	+33-2-7630-5900	
3 Information about the operator charged with the face-to-face							
Company name:		TBS INTERNET					
	operators list	::					
-		Authorized Operator (authorized.operator@aed.com)					
			(0.0.0		,		_
Address:		22 RUE DE BRETAGNE					
Post Code:		14000		City:		CAEN	
Country:		FR					
5 Operator's signatures and future holder							
I, the undersigned and RA/DRA operator, certify that I have authenticated the above certificate's holder during a face-to-face meeting. I certify that I have controlled this certificate holder's ID. I certify that all of the information above is identical to what is found the certificate holder's original ID.				I, the undersigned, HOLDER Future, certificate holder, certify having done my face-to-face interview. I confirm that my PIN code will be modified prior to using the certificate if the latter wasn't modified during the face-to-face meeting.			
		operator utorized	Operator		2019/0	102/15 Future:	

As a reminder, you will have to present a valid official identity document (National Identity Card, passport, residency permit).

TO SEND BACK