

Request for a Modification, Recovery, or Revocation of a Digital Signature

Please complete this form to change your address or to request a recovery or a revocation of your digital signature.

1 – Identification (Please write the address currently held by Notarius)

Mr. Ms. Last Name: _____ First Name: _____

Company Name: _____

Telephone: _____ Fax: _____

Email: _____

Member Number (if applicable): _____

2 – Requested Services

Please check the appropriate box:

Change my address (Please write new address below)

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Recover my digital signature

I lost my ".epf" file or my digital signature password and I would like a new one.

Revoke my digital signature

Please immediately revoke my digital signature.

Please revoke my digital signature as of: _____

3 – Declaration

I, _____, _____

(First name and last name) (Professional title)

request that Notarius provide the selected service(s) as indicated in Section 2.

Signature: _____ Date: _____ 20_____

**Please fax us the duly completed form
at 514-281-1226 or 1-888-878-1130.**