*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Locality, Date*

**Name List of Subscribers**

I hereby confirm that the individuals listed below are employed by  
  
*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  
*(name of the organization)*

and have been authorized to submit an application to Asseco Data Systems S.A. for the issuance of a non-qualified S/MIME certificate, which they will use on behalf of the above-mentioned entity.

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| **Nr** | **Name and surname** | **E-mail** |
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*Legible signature of the person(s) authorized to represent the organization/ HR representative*

*Company Stamp*