

Attachment 2

CAPS - CERTIFICATE ADMINISTRATION AND IDENTIFICATION FORM

CLIENT'S (PARTNER'S) NAME	
CAPS PARTNER ID (in case of new client please keep it blank)	
I. DELIVERY OF THE ELECTRONIC (HI	GH SECURITY) CERTIFICATES
	e CAPS system will be delivered by email (as a password-secured a SMS to the given mobile phone number(s). stead of per individual user.)
Please determine the email address and p	phone number to receive the certificates and the password:
Email:	
Mobile phone number:	
Place, Date:,	

Authorised signature