



## ADMINISTRATIVE SEAL CERTIFICATE ISSUE REQUEST

Izenpe hereby informs you that, by filling out this form, the signing party,

- Is requesting the issue of an electronic certificate in software format to identify the administration, body, public entity or public-law entity, as well as, and if applicable, the identity of the electronic seal holder of the administrative body, and the seal, pursuant to documentation available on [www.izenpe.eus](http://www.izenpe.eus).
- When the user uses this method for identification with an Izenpe electronic service, if authentication is correct, it provides the body responsible for the service with the result.
- The signatory of this application declares that he/she has read and agrees to the Terms and Conditions for Use of this identification method, published on [www.izenpe.eus/condicionesuso](http://www.izenpe.eus/condicionesuso).

### APPLICANT PERSONAL DATA \_ all data fields are required \_

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I consent to Izenpe processing my personal data in reference to the requested identification method, the purpose of which is to verify the identity of natural persons who are users, and to control revocation and expiry of the method.

- FIRST SURNAME\*: \_\_\_\_\_
- SECOND SURNAME\*: \_\_\_\_\_
- NAME\*: \_\_\_\_\_
- NATIONAL/FOREIGN NATIONAL ID NUMBER: \_\_\_\_\_

\* Complete exactly as it appears on the National ID Card/Foreign National Number Card/Residency Card/ID Document

- Only check if the applicant **DOES NOT** want the data regarding: name, first surname, second surname and National ID Number/Foreign National Number to appear on the certificate.

### AUTHORISATION TO VERIFY IDENTIFICATION DATA

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The applicant authorises Izenpe to,

- Verify their National ID Card/Foreign ID Number Card data (name, surnames, number and expiry date) with the Police Directorate General.
- Otherwise, the applicant must provide a copy of his or her National ID Card/Foreign ID Number Card.

### ORGANISATION DATA \_ it is mandatory to complete all data fields \_

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- NAME OR CORPORATE NAME: \_\_\_\_\_
- ADMINISTRATIVE BODY: \_\_\_\_\_
- Tax ID Number: \_\_\_\_\_



## ADMINISTRATIVE SEAL CERTIFICATE ISSUE REQUEST

- DEPARTMENT: \_\_\_\_\_
- EMAIL: \_\_\_\_\_
- TELEPHONE: \_\_\_\_\_
- POST CODE (Street, number, floor, side, post code, town, province):  
\_\_\_\_\_
- INVOICING POST CODE (Street, number, floor, side, post code, town, province):  
\_\_\_\_\_

\* Only complete if different from the Post Address

### BASIC INFORMATION ON DATA PROTECTION

Controller	Ziurtapen eta Zerbitzu Enpresa-Empresa de Certificación y Servicios, Izenpe, S.A. (Izenpe).
Purpose	Issue and management of the life cycle for the identification method requested.
Legitimacy	Consent of the interested party.
Recipients	There is no plan to grant or share data with third parties, barring legal provisions, nor to conduct international data transfers.
Rights	Right to obtain confirmation of how Izenpe is processing your data.  You may exercise your rights to access, rectify, delete and transfer your data, to limit and oppose processing your data, to not be the subject of decisions based solely on automated processing of your data, and withdraw your consent at any time and file a claim with the Spanish Data Protection Agency.  You may exercise these rights by sending a request by post to <b>C/ Beato Tomás de Zumárraga nº. 71, 1ª planta. 01008 Vitoria-Gasteiz (Spain)</b> or electronically to <a href="mailto:datos@izenpe.eus">datos@izenpe.eus</a> , as set forth in additional information.
Additional information	Additional information available at <a href="http://www.izenpe.eus/datos">www.izenpe.eus/datos</a>

DATE AND SIGNATURE OF THE APPLICANT PARTY.

In the event of JOINT COMPANY ADMINISTRATION, each joint administrator's signature is required.

DATE AND SIGNATURE OF THE JOINT ADMINISTRATOR	DATE AND SIGNATURE OF THE JOINT ADMINISTRATOR
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### ADMINISTRATIVE SEAL CERTIFICATE ISSUE REQUEST

DATE AND SIGNATURE OF THE JOINT ADMINISTRATOR	DATE AND SIGNATURE OF THE JOINT ADMINISTRATOR
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SEAL OF THE ORGANISATION proceeding to identification
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