



# SSL Certificate Order Form

Ref: SSL2014A

## Order Contacts

|                              |        |      |        |
|------------------------------|--------|------|--------|
| Company / Organization Name: |        |      |        |
| Tel:                         |        | Fax: |        |
| Address:                     |        |      |        |
| Administrative Contact:      | Title: | Tel: | Email: |
| Technical Contact:           | Title: | Tel: | Email: |
| Billing Contact:             | Title: | Tel: | Email: |

## SSL Contacts

|                              |        |      |        |
|------------------------------|--------|------|--------|
| Company / Organization Name: |        |      |        |
| Tel:                         |        | Fax: |        |
| Address:                     |        |      |        |
| Corporate Contact:           | Title: | Tel: | Email: |

## SSL Details

|                                 |   |
|---------------------------------|---|
| Common Name:                    |   |
| Subject Alternative Name (SAN): |   |
| Server Platform:                | Server Software: Apache / IIS or Others _____ |
| Certificate Type:               | License(s):                                   |
| Remarks:                        |   |

## Payment Methods

|   |
|---|
| <input type="checkbox"/> By Cheque - Payable to "DAPYXIS NETWORK LIMITED" |
| <input type="checkbox"/> By Bank Deposit - HSBC A/C# 017-618406-001       |

### Terms & Conditions

- The form will be treated as official purchase order once signed by the customer.
- The undersigned hereby agree to the terms, conditions and stipulations of this order on behalf of his or her organization or business.

\_\_\_\_\_  
Authorized Signature and Company Chop

\_\_\_\_\_  
Date

*Official Use Only*

Order Form Received Date: \_\_\_\_\_ By: \_\_\_\_\_

Order Status: Business Registration Certificate  Date: \_\_\_\_\_ By: \_\_\_\_\_

Company Telephone Statement  Date: \_\_\_\_\_ By: \_\_\_\_\_

Certificate Signing Request  Date: \_\_\_\_\_ By: \_\_\_\_\_

Payment  Date: \_\_\_\_\_ By: \_\_\_\_\_