



ACAB'c Associate membership application form

The following organization applies hereby to become an **ACAB'c Associate member**.

Company name:

Address:

Country:

City:

Register number:

Field of business activity:

Representative full name:

Contact person:

Phone:

e-mail:

The organization is identified as below:

- Trust Service Provider (TSP)
 - Supervisory Body (SB)
 - European Standards Organizations (ESO)
 - Browser Manufacturer (Browser)
 - Other (Please explain below)
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Accredited Conformity Assessment Bodies' Council

As soon as our membership is granted, we like to see the following data published on the ACAB'c webpage and **we ensure that these information are kept up to date** by sending corresponding change notes to secretary@acab-c.org in timely manner:

Note: ACAB'c can not be held liable for incorrect information published or webpage updates in general.

Link to your accreditation
(mandatory):

Link to our company
webpage:

Name of contact person
(one person):

Email address of contact
person:

ACAB'c operates an internal E-Mail distribution list to reach the ACAB'c members via members@acab-c.org.

We like to get the following
email address (one address)
registered on this list:

As representative of my company, I agree with the publication in the ACAB'c webpage of the data requested on the second point of this application.

As representative of my company, I agree with the terms and conditions laid down in the ACAB'c Charter.

Legal representative of the
company (applicant):

Date and signature: