

Contact Address* (qubf; Belv/ym)	Number* / Floor* (tfftrsv^tvii)		
	Street* / Road* (vrtrn)		
	Block*/Quarter* (tuuf&yuluftrsv)		
	Township*/ State or Division* (hle, itrn^wil^lyne,)		
Contact Telephone Number* (qubf; Belw, vzeelyw)	Telephone* (w, vzeelyw)		Fax* (zupelyw)
	Office* (&)		
Contact Telephone Number* (qubf; Belw, vzeelyw)	Residence* (t)		
	Mobile* (vuullze)		
Domain Name (URL,if any) (Domain trnf&ygu)			
Contact Email* (qubf; Beltar;vvy/ym)			
Existing Customer of Yatanarpon Teleport* (&wemylv, vjA Oeacmi ruli olpbeo)	<input type="checkbox"/> Yes	Type of Service : ----- Customer ID : -----	<input type="checkbox"/> No
To be filled if you apply for SSL Certificate (SSL Certificate avuukm;olzpygultznpluBe)			
Desired Certificate Validity*	<input type="checkbox"/> 1 year (standard)		
Uniform Resource Locator (URL) to be displayed on certificate* (Certificate ay:wiazmyrni URL trn)			
Type of Web Server*	<input type="checkbox"/> IIS 4.x <input type="checkbox"/> IIS 5.x/6.x <input type="checkbox"/> Lotus Domino <input type="checkbox"/> Apache <input type="checkbox"/> Tomcat <input type="checkbox"/> Oracle <input type="checkbox"/> Microsoft Exchange Server		
CERTIFICATE REQUEST DETAILS (oubock/vufsvav^uukm;ti f t ao;plwft csuft vufm;)			
<p>The following details will be reflected in the certificate. The following information will be used when generating the certificate. If necessary, contact your application provider for these details before filling the form.</p> <p>(atmuyg t ao;pwft csuft vufm; onirna ouaock/vufsvwiazmyrni t csuft vufm; lzpygn/ oubock/vufsvuill Generate vly&mw f at muw lznbk; onit csuft vufm; twl f xnb f rnl lzpygn/ vlt yjguxt csufm; rlnpurl oubock/vufsvkxway; rniwmoctk qubf; ar; h e f E l l y g o n f)</p>			
Common Name* (Name of the person/ Organization/ Registered domain name / Server Name, , etc) (oubock/vufsvwiazmyrni rnf - vjA rnf)			

Domain/Server Name (Domain/Server Name)	
E-Mail* (Valid email address) (Must be filled by the applicant who apply for Personnel Digital Certificate (Signing & Encryption)) (Digital Certificate avthuxm;ygurizprae lznplu&ygurif) (Personnel Digital Certificate avthuxm;ygurizprae lznplu&ygurif)	
Organization Unit (Name of the department) (Domain Name)	
Organization (Name of the organization) (Domain Name)	
Uniform Resource Locator (URL) Name (to be displayed on certificate (If apply for SSL certificate)) (Certificate avthuxm;ygurizprae lznplu&ygurif URL Name)	
City*/Locality* (Name of the city/township) (Domain Name)	
State*/Division* (Name of State/Division) (State, Division)	
Country* (Country)	Myanmar

IMPORTANT NOTICE (Only Myanmar citizens)

- ◆ This application form is to be filled by the applicant.
(avthuxm;ygurizprae lznplu&ygurif)
- ◆ This certificate is applicable to Myanmar and foreign individuals above 18 years age.
(avthuxm;ygurizprae lznplu&ygurif)
- ◆ [*]Fields are mandatory. ([*]ygurizprae lznplu&ygurif)
- ◆ Strike off which are not applicable. (rouqil bonim; uilicplyp&ygurif)
- ◆ Subscriber agreement should be submitted along with this application form.
(ouhoblabmwhlcsuf pmwrfullp avthuxm;ygurizprae lznplu&ygurif)
- ◆ All subscribers are advised to read Yatanarpon CA Certificate Practice Statement available at <http://www.yatanarponca.com.mm>.
(ouhoblabmwhlcsuf pmwrfullp avthuxm;ygurizprae lznplu&ygurif)
- ◆ Copy of identification documents should be attached along with this application form.
(rthul; b& qil&mtcsuft vufpm&u;pmwrf;u;u;ilpavthuxm;ygurizprae lznplu&ygurif)
- ◆ Application form must be submitted in person to the Registration Authority/Yatanarpon CA for face-to-face verification.
(lznplu&ygurif avthuxm;ygurizprae lznplu&ygurif Yatanarpon CA \ Registration Authority &wemythca xblvlu; lwl;vma&muavthuxm;ygurif)
- ◆ Incomplete/Inconsistent application is liable to be rejected.
(avthuxm;ygurizprae lznplu&ygurif)
- ◆ All fields must be filled in English.
(tcsuft vuf;tm;vthul; t*kyvthlznplu&ygurif)

DECLARATION AND UNDERTAKING BY THE APPLICANT* (avthuxm;ygurizprae lznplu&ygurif)

All the above information provided by me is true to the best of my knowledge and belief. I accept the responsibility for the safety and integrity of the private key by controlling the access to the computer/device containing the same, so that it is not compromised and I will immediately notify to the Yatanarpon CA in event of key compromise. I agree to publish the Digital Certificate in the Yatanarpon CA repository and will report Yatanarpon CA of any error or defect in the certificate and change in

the above information.

(txuivf lznpluxm; & bhom tcsuftvuftalumi;t&mrsm; onf vrfvnlznpluxm; t; i; r [wlv uElyem; vnb&bí r&uepm lznplfaznly
xm; ygon/ uElyonf rth ul ylf Private Key tm; clazult; rclap&el vlt; B&p&el Oib&mully; i; rclap&el ouáocl vufsvú
to; y; rni Computer ol Devices rsm; ul Oib&mul; p&mwif vlt; B&p&el wmoel, lnzplygon/ tu, í r\ul ylf ouáocl vufsvú
t; l; m; olwpDrs&& b; y; guvni; & wemyllCA xbl t; l; r; q; l; talumi; l; m; r; n; l; z; p; a; l; umi; f; o; d; y; gon/ r; th; ouáocvufsvú; l; r; n; t; & wemyllCA \
Website Repository Esh National Repository wlxnbl falunmclly; y; gon/ ouáocl vufsvú wpllvp&mccl, l; i; t; i; Esh rth txuivf
lznpl; xm; aom tcsuftvuftalumi;t&mrsm; talymi; t; v; & y; gu & wemyllCA ol; t; alumi; l; m; r; n; l; z; p; a; l; umi; f; o; e; buwly; y; gon/)

Date (aeþ) : -----/-----/-----

Name of the Applicant : -----
(avthuxm; oN trn)

Place (ae&m) : trsf-15/A-4/urpat; b&m; vrf?
r&rl; ue; j; r; e; , & e; l; e; f

Signature of the Applicant: -----
(avthuxm; oN vufsvú)

FOR SUPERIOR AUTHORITY/GUARANTOR OF THE APPLICANT*
(avthuxm; oN txuivmoe&bí t mrcbl r&xmucit; su)

This is to certify that Mr./Ms..... has provided correct information in the "Application Form for Digital Certificate" to the best of my knowledge and belief. I hereby authorize him/her, to apply for obtaining Digital Certificate from Yatanarpon CA for the purpose specified above.

(ouáocl vufsvú avthuxm; ol O' a' : onf í; \ ' p' p; w, avthuvn yplvif lznpl; l; i; x; m; & b; on; i; t; c; u; f; t; v; u; f; s; m; on; f; r; & u; e; p; m; l; z; n; p; l; u; x; m; y; a; l; u; m; i; f; r; t; e; m; v; n; b; & b; í; w; i; l; y; t; y; gon/ u; E; l; y; on; i; x; l; v; th; u; x; m; o; l; t; m; t; x; u; i; v; f; i; a; z; n; l; y; x; m; on; i; t; w; i; l; t; o; l; y; E; l; B; e; f; t; w; l; f; & w; e; m; y; l; l; C; A; r; s' p' p; w, b; u; á; o; c; l; v; u; f; s; v; ú; l; x; l; w; a; y; y; & e; a; x; m; u; c; i; t; y; y; gon/)

Name of the Officer / Guarantor : -----
(axmucit; b; t; & m; & l; / t; m; r; c; b; l; r; t; r; n)

Name of the Department / : -----

Organization / Company
(Xme/ t; z; l; t; p; n; i; / u; r; P; l; t; r; n)

Rank (& m; x; l) : -----

Official Email (& l; o; t; l; a; r; v; i) : -----

Phone No (w, v; z; e; l; y; w) : -----

Fax No (z; u; p; e; l; y; w) : -----

Date (aeþ) : -----/-----/-----

(Signature)
(vufsvú)

(Official Seal)
(& l; w; l; c; y; l; y)

TO BE FILLED BY RA OFFICE ONLY (RA rlnpL&e)

The applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents.

(ouhoclurwvauukm;on avnuvnyplwih&;ol{xm;aomtcsuftvuism;Eslwug vlt,yaomytwfy pm&Lupmwrfsn;t;n; aocsnpt ppaq;twnlylyzpygnf)

Date (ae&f) : -----/-----/-----

Name of the Authorized Person : -----

(wmOetA trn)

Place (ae&m) : trsf-15/A-4/urjat;blm;vrf?

r&rufbjrle, &euf

(Signature)

(Official Seal)

(vufw)

(&lwky)

TO BE FILLED BY AUTHORIZED PERSON ONLY (Yatanarpon Teleport rlnpL&e)

Double checked and verified by CA.

Date : -----/-----/-----

Name of the Authorized Person : -----

(Signature)

(Official Seal)

Inform