Please send this form back to:

Bundesverwaltungsamt
Vergabestelle für Berechtigungszeugnisse
50728 Köln
Germany

Change request:

Information with respect to the applicant
(enterprise - authority)

Please see the decision on your initial application for the reference code.

Reference: __________________________

Service provider

Name: *
______________________________
Short name:
______________________________

Address

Street: *
______________________________
House no.:
______________________________
Postcode:
______________________________
Village, town, or city: *
______________________________
Federal state: Country: *
______________________________

Please note: * required data
You can fill in the form on the computer.
Please sign the printed form and send it to the address indicated above.
E-mail / telephone numbers

E-mail: * 

Telephone: * 

Fax: 

Other information

Branch: * 

Company registration number: 

Web - URL: 

Please note: * required data
You can fill in the form on the computer.
Please sign the printed form and send it to the address indicated above.
Contact person

Name

Form of address: ____________________________
Surname: * ____________________________
Given name: * ____________________________
Title: ____________________________
Surname particle: ____________________________

Address

Street: * ____________________________
House no.: ____________________________
Postcode: ____________________________
Village, town, or city: * ____________________________
Country: * ____________________________

E-mail / telephone numbers

E-mail: ____________________________
Telephone: ____________________________
Mobile: ____________________________
Fax: ____________________________

Other information

Date of birth: * ____________________________
(dd/mm/yyyy)
Place of birth: * ____________________________

Please note: * required data
You can fill in the form on the computer.
Please sign the printed form and send it to the address indicated above.
German representative

Information to be provided only by service providers located abroad

Name

Form of address: 

Surname: *

Given name: *

Title: 

Surname particle: 

Address

Street: *

House no.: 

Postcode: 

Village, town, or city: *

Federal state: *

E-mail / telephone numbers

E-mail: 

Telephone: 

Mobile: 

Fax: 

Other information

Date of birth: *  
(dd/mm/yyyy)

Place of birth: *

Please note: * required data
You can fill in the form on the computer.
Please sign the printed form and send it to the address indicated above.
Other information

The service provider’s Data Protection Officer

Name: *

E-mail: *

Other information

Data protection supervisory authority: *

Authorization certificates provider (BerCA):

Please enclose the following documents:

Privacy statement*

Extract from the commercial register (for e-business only *)

Description of the interest in an authorization pursuant to Section 21 (2) no. 2 of the Act on Identity Cards and Electronic Identification (PAuswG) underlying your application *

You can also enclose a flow chart of your business process to make it easier to understand.

Information with respect to the eID service

If you use a technical service provider, please also send the contract.

Place and date

Signature

Please note: * required data
You can fill in the form on the computer.
Please sign the printed form and send it to the address indicated above.