

Random canonical
name or text as
supplied by OA



**CAcert Organisation
Assurance Programme
COAP form (Australia)**

Applicant

Name of Organisation	
Contact Name	
Contact Email Address	
Phone Number	
City & State & Postcode	
Email address of Administrator (must match a CAcert account)	
Domain(s)	

Detail the documents, attached to this form, that prove existence of the organisation and authority of the Applicant over the organisation's domain names. Documentary evidence is not to be older than 4 weeks.

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I have read and understood and agree to the terms of the CAcert Community Agreement URL: <http://svn.cacert.org/CAcert/CACommunityAgreement.html>

The Assured Organisation, the Organisation Assurer handling this request and other related Parties are bound into CAcert's jurisdiction and dispute resolution.

I hereby declare that all information provided is complete and accurate and request the Organisation Assurer to verify the Organisation according to the Organisation Assurance Policy and Australian Sub-Policy. I agree to CAcert retaining the provided information both physically and electronically. In addition we request to grant administration privileges to the administration accounts listed above.

City and Date _____ / ____ / ____

Signature _____

*Organisation
Seal*

Organisation Assurer only

The provided information on this form is correct and has been validated by the denoted sources and to the Australian sub-policy.

City and Date _____ / ____ / ____

Signature & Name _____

Organisation Assurer

