



ACCREDITED CONFORMITY ASSESSMENT BODIES' COUNCIL  
EIDAS  
TRUST SERVICE PROVIDERS

## ACAB'c A member application form

The following company :

Company name :

Address :

Country :

City :

NF EN ISO/IEC 17065:2012 accreditation number :

Granting date :

Expiry date :

Representative first name and last name :

applies hereby to become an ACAB'c A member.

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

The applicant  
Date and signature

To be attached to this application :

- the company eIDAS accreditation attestation ;
- a signed copy of ACAB'c Charter ;
- a signed copy of ACAB'c Code of Conduct.