



CAcert Assurance Programme Identity Verification Form (CAP form)

CAcert Inc. - P.O. Box 4107 - Denistone East NSW 2112 - Australia - <http://www.CAcert.org>

CAcert's Root Certificate fingerprint A6:1B:37:5E:39:0D:9C:36:54:EE:BD:20:31:46:1F:6B and 135C EC36 F49C B8E9 3B1A B270 CD80 8846 76CE 8F33

The CAcert Assurance Programme (CAP) aims to verify the identities of Internet users through face-to-face witnessing of government issued identity documents. The Applicant asks the Assurer to verify to CAcert.org that you have met and verified their exact full name and their identity against one or more original, trusted, government photo identity documents. If there is ANY doubt or concerns about the Applicant's identity, DO NOT COMPLETE OR SIGN this form. You are encouraged to perform a mutual Assurance.

For more information about the CAcert Assurance Programme and other programs please visit: <http://www.CAcert.org>.

A CAcert Arbitrator can require the Assurer to deliver the completed form in the event of a dispute. After 7 years this form should be securely disposed to prevent identity information for misuse (e.g. Shredding or burning).

For CAcert Organisation Assurance Programme there is a separate special COAP form

Applicant's Statement	
Full exact name on the ID and type of ID shown, number the name(s):	
Email Address:	Date of Birth: (yyyy-mm-dd)
Make sure you have read and agree with the CAcert Community Agreement, http://www.cacert.org/policy/CAcertCommunityAgreement.php	
<input type="checkbox"/> I hereby confirm that the information stated above is both true and correct, and request the CAcert Assurer (identified below) to witness my identity in the CAcert Assurance Programme.	
<input type="checkbox"/> I agree to the CAcert Community Agreement	
Date (yyyy-mm-dd):	
Applicant's signature:	

CAcert Assurer	
Assurer's Name:	Date (yyyy-mm-dd):
Assurers signature:	
Per exact full name the typ) of ID(s) shown	Assurance Points allocated
<input type="checkbox"/>	
<input type="checkbox"/>	
Location of Face-to-face Meeting and notes	



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CAcert Assurer	
Assurer's Name:	Date (yyyy-mm-dd):
Assurers signature:	
Per exact full name the typ) of ID(s) shown	Assurance Points allocated
<input type="checkbox"/>	
<input type="checkbox"/>	
Location of Face-to-face Meeting and notes	