



**Service Order**

DATE: \_\_\_\_\_

The undersigned - \_\_\_\_\_, with address at \_\_\_\_\_ hereby requests to **D4E Agent** \_\_\_\_\_ to process the following document \_\_\_\_\_ dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_ generating to the document a hash process, digital stamping and storage and custody for ever from the date, according to the characteristics of D4E Service that I declare to know by having been previously informed when registering myself in the electronic registration **D4E Services** and that is based on the following INSTRUCTIONS:

The following are Authorized Person to require this document:

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Email: \_\_\_\_\_

The conditions under which the document can be delivered to the Authorized Person(s) in the presence of any **D4E AGENT** authorized by the **D4E Services** are as follows:

The document will have conditions to access:  YES  NO

If the document requires a certificate to be presented, select which one:

- PROOF OF DEATH OF THE ORIGINATOR
- PHYSICAL OR MENTAL INCAPACITY OF THE ORIGINATOR

If the document can be opened after a certain date, indicate what date it will be:

- DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Originator Signature

Notary Certification