

Digital Signature Certificate Subscription Form

Class of Certificate	Class 2 <input type="checkbox"/>	Type of Certificate	Individual <input type="checkbox"/>	Signing <input type="checkbox"/>	Certificate validity	1 Year <input type="checkbox"/>
	Class 3 <input type="checkbox"/>		With Org Name <input type="checkbox"/>	Encryption <input type="checkbox"/>		2 Years <input type="checkbox"/>

Section 1: Subscriber Details

Name*:

Designation:

Date of Birth*: Gender*: Male Female

Address (Residential address in case of Individual or Organization address in case of with ORG DSC)

Organisation Name* :

Door No/Building Name* :

Road/ Street/ Post Office* :

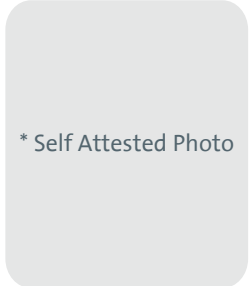
Town/ City/ District* :

State/ Union Territory* :

Country* : PIN Code*

Telephone Number* (with STD Code):

Mobile Number* :



Section 2: Identity Proof Details

Photo Identity Proof* Identity Proof Name <input type="text"/> <small>(Eg: Pan Card, DL, Passport, ...)</small> Identity Proof Number <input type="text"/>	Address Proof* Address Proof Name <input type="text"/> <small>(Eg: Passport, DL, Latest Telephone Bill, ...)</small>
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Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided on this Subscription Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the Safe Script CA's CPS <https://www.safescrypt.com/pdf/cps.pdf>.

Signature of the Subscriber*

Date*: Place*:

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

Section 4: Authorisation (*only for ORG DSC)

I, _____ acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal*

For office use only

Attestation By Sify Authorised LRA/Partner(*For Class3 DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document Copies of ID proof. I have verified the same with TRUE COPY.

Signature and Seal *

Date * Name *

Note*: Safescrypt at its discretion, will make a telephone call to verify the details of this Subscriber.

Partner Name:	<input type="text"/>
Date of Issuance:	<input type="text"/>
City:	<input type="text"/>

<< To be Printed on the Company Letter Head >>

Letter of Employment

Certificate Applicant Information

First Name: _____

Last Name: _____

Email ID: _____

I, (Name of the Authorised Signatory) _____, certify that on (Date) _____, (Name of the Certificate Applicant) _____ is an employee of our organization (Organisation Name) _____ and that the Applicant's Employee ID is (Employee ID) _____. I acknowledge by my signature, that the Applicant information in this document is complete and accurate as per our office records.

(Signature of Authorised Signatory)

(Company Seal)

Details of Authorised Signatory

Full Name: _____

Organisation Name: _____

Designation: _____

Email Address: _____

Phone Number: _____

PARTNERSHIP FIRM ORGANIZATION REQUIRED BELOW MENTION DOCUMENTS

1. Certificate application form along with applicant photo cross-signed by applicant himself.
2. Letter Of Employment (LOE) on Organization Letter Head. **(Attested by authorized signatory of organization along with company seal)**
3. **One ID proof and one address proof (Attested by Banker or Notary or Gazette Officer).**

<u>ID Proof</u> :	Pan Card	Address Proof :	Electricity Bill
	Passport		Pass Book
	Voter-Id		Passport
	Driving License		Driving License
			Voter-Id

4. For partnership organization we required partnership deed details which have to be attested by partners with their company seal.