

Digital Signature Certificate Subscription Form

Class 2 Class of Certificate Class 3	Type of Certificate	idual Signing With Encryption	Certificate validity 2 Years	
Section 1: Subscriber Details				
Name*:				
Designation :				
Date of Birth*:	Y Y Y Gender *:	Male Female	* Self Attested Photo	
Address (Residential address in case of Individual or Organization address in case of with ORG DSC)				
Organisation Name * : (Mandatory in case of ORG DSC)				
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*		Address Proof*		
Identity Proof Name		Address Proof Name		
(Eg: Pan Card, DL, Passport,) Identity Proof Number		(Eg: Passport, DL, Latest Telephone Bill,)		
	s the Dhate ID Dweet			
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 Scrypt CA's CPS https://www.safescrypt.com/pdf/cps.pdf.				
Signature of the Subscriber*				
Date*: D D M M Y Y Y Place*:				
Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.				
Section 4: Authorisation (*only for ORG DSC)				
is complete and accurate as per our office rec			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 of Issuance:	
Date * D D M M Y Y Y N	ame *		City:	

SafeScrypt CA Services brought to you by:

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

Letter of Employment

Certificate Applicant information	
First Name:	
Last Name:	
Email ID:	
I, (Name of the Authorised Signatory)	
, (Name of the Certificate A	
employee of our organization (Organisation Nat	
Applicant's Employee ID is (Employee ID) _	
signature, that the Applicant information in this do	cument 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:	

PROPRIETOR 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 Proprietor 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. Any one of the Organization proof issued by government (Attested by Proprietor of organization along with company seal)
 - Sale tax doc (VAT) issued by government with proprietor's signature and company stamp.
 - Or pan card of proprietor with last 2 yr IT returns with proprietor's signature and company stamp.