sify safescrypt

Digital Signature Certificate Subscription Form

Class 2 Class of Certificate Class 3	Type of Certificate	Individual With Org Name	Signing	1 Year Certificate Validity 2 Years	
Section 1: Subscriber Details					
Name*:					
Date of Birth*: D D M M Y Address (Residential address in case of Individual Organisation Name * : (Mandatory in case of ORG DSC)		nder *: Male	E Female	* Self Attested Photo	
Door No/Building Name* : Road/ Street/ Post Office* : Town/ City/ District* : State (Union Torriton)*					
State/Union Territory * : Country* : Telephone Number* (with STD Code): Mobile Number* : Email id* :	PIN Code*				
	Section 2	: Identity Proof De	tails		
Photo Identity Proof* Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number			Proof Name		
Note*: Subscriber's signature should appear o		on 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 SafeScrypt 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.					
I, is complete and accurate as per our office re ensure timely revocation of Digital Signature Signature & Organisation seal*	cords. I fully understand that	at the Subscriber is re	y signature, that the esponsible to transac	Subscriber information in this document et on the Organisation's behalf and I will	
		r office use only			
Attestation By Sify Authorised LRA/Partr I hereby declare that the subscriber has original document copies of ID proof. I h Signature and Seal *	personally appeared befo	ore me and submi		artner Name: ate of Issuance:	
Date * D D M M Y Y Y N Name * City: Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.					

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APPLICANT DECLARATION FORM

(Name of the applicant) hereby declare that the

details mentioned below are true & correct to my knowledge & belief. I hereby authorize Dev Information Technology Pvt. Ltd. to download my Digital Signature Certificate on mine behalf. It should be treated as downloading of Certificate is done at my end.

1	Duly Signed Application Form	Yes / No
2	Applicant Name	
3	Address (With PIN Code)	
4	Email ID	
5	Phone No. (With STD Code)	
6	ID Proof (Type & No.)	
7	Address Proof (Type & No.)	
8	Self Attested Photograph	Yes / No

Signature of Applicant

Dated : Place :

(Name) certify that I have submitted the following details for my client mentioned above in order to get the DSC as required -:

Signature of Proposer(With seal of Name & Address)

Dated :Place :

Class 3 Documents REQUIRED

Photo Identity Proof of Applicant (Self	PAN Card/ Passport/ Voter ID Card/ Driving
Attestation and Attestation by any Bank	License/ Aadhar (Any Government-Issued
Official / Notary Public / Gazetted	Photo ID Proof)
Officer)	, ,
Address Proof of Applicant (Self	Ration Card/ Passport/ Voter ID Card/
Attestation and Attestation by any Bank	Driving License/ Aadhar. (Any Government-
Official / Notary Public / Gazetted	Issued Address Proof)
Officer)	
	Colour Passport Size Photograph should be
Latest Photograph (Self Attestation)	Affixed
Establishment Proof (Self Attestation	Certificate of Incorporation Memorandum &
and Attestation by any Bank Official /	Article of Association Registered Partnership
Notary Public / Gazetted Officer)	Deed Vat Regn / Service Tax Regn / SSI
	Regn. / Excise Regn.
	Must be Duly Completed and Signed by
Applicant Declaration Form	Both Applicant and Proposer.