

Digital Signature Certificate Subscription Form

Class of Certificate

Class 2

☐

Class 3

☐

Type of Certificate

Individual

☐

Signing

☐With
Org Name☐

Encryption

☐

Certificate validity

1 Year

☐

2 Years

☐

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* : Email id :

* Self Attested Photo

Section 2: Identity Proof Details

Photo Identity Proof*

Identity Proof Name

(Eg: Pan Card, DL, Passport, ...)

Identity Proof Number

Address Proof*

Address Proof Name

(Eg: Passport, DL, Latest
Telephone Bill, ...)

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.

SafeScript CA Services brought to you by:

Sify Technologies Limited, 2nd Floor, Tidel Park, #4, Rajiv Gandhi Salai, Taramani, Chennai - 600113. E-Mail: enquiries@safescrypt.com

Partner Name:

Date of Issuance:

City: