

Registration Form for Digital Certificate [Organization]

Customer Identification Number: _____ (For office Use Only)



Instructions:

1. Please fill the form in BLOCK LETTERS in English only.
2. This Form is divided into 2 parts: Form A and Form B.
3. Form A contains details of certificate applicant and needs to be filled up each time.
4. Form B contains organizational details and needs to be filled up only once for an Enterprise / Organization.
5. Class IIb refers Class 2 Organization and will bear Object Identification as 2.16.356.100.2.2.
6. Separate DSC for Signing & Encryption will be issued.

Affix recent passport size photograph of the applicant

Applicant to sign across the photograph extended to application form

FORM A

Validity 1 Year 2 Year (Only SHA-256)

Name of the Applicant			
Please ensure that the name as it appears in the identity proof matches with the name mentioned below			
Surname	First Name	Initials	
Office Address	<input type="text"/>		
	<input type="text"/>		
Town/City/District	<input type="text"/>		
State/Union Territory	<input type="text"/>		
PIN	<input type="text"/>	Department	<input type="text"/>
Contact No.	STD Code <input type="text"/>	PH <input type="text"/>	Fax No <input type="text"/>
Mobile No.	<input type="text"/>		
Date of Birth	<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
E-mail Address	<input type="text"/>		
Identity Details	No : <input type="text"/>		
(Please tick and fill ANY ONE)	<input type="checkbox"/> Post Office ID Card // <input type="checkbox"/> Driving License // <input type="checkbox"/> PAN // <input type="checkbox"/> Voter's ID // <input type="checkbox"/> Bank Account Passbook No.		

e - Safe , e - Secure , e - Sure



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FORM B

Organization Details to be filled up only once for an organization

(Please disregard if already submitted)

Corporate / Head / Registered Office Address

Company Name	<input type="text"/>		
Address	<input type="text"/>		
Town/City/District	<input type="text"/>		
State/Union Territory	<input type="text"/>		
PIN	<input type="text"/>		
Contact No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(STD Code)	(Phone No)	(Fax No)
Website	<input type="text"/>		
Income Tax PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Details

Bank Name	<input type="text"/>
Bank A/c No	<input type="text"/>

I hereby agree that I have read and understood (n)Code Solutions CA CPS and the subscriber agreement and promise to abide the same. I acknowledge that information provided in Form A & Form B are Correct to my knowledge.

Date : Place :

Signature of Applicant

[Name: _____]

Cheque / D.D. to be Drawn in favour of "(n)Code Solutions, Division of GNFC Ltd."

Cheque should be " Payable at Par "

Payment Details DD / Cheque No : _____ Date : _____ Amount : _____ Bank Name : _____
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LRA Details All Documents Checked & Verified by : _____ LRA Name / Stamp / Signature

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Documents Required for Verification

Document Required only once for an Organization / Enterprise

Certificate true copy (from Company Secretary / a Director / Partner of the organization) of any one :

- Certificate of Incorporation or
- Memorandum and Articles of Association or
- Registered Partnership Deed or
- Valid business license document

Certified true copy of any one :

- Annual Report or
- Income Tax Return or
- Statement of Income or
- Bank details of the organization

Document Required with each Digital Certificate Application :

- Authorization Letter in favour of the certificate applicant from the applicant organization (as per the format attached herewith)
- Latest photograph of the applicant

Note :

- Applicants are required to present themselves at the LRA location where the registration form for Digital Certificate was sent, for verification of physical presence.
- Please refer to the CPS for more information.
- In case you require any assistance, please get in touch with us support@ncodesolutions.com or dial TollFree : 1800 - 233 - 1010

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Authorization Letter

(This Authorization Letter is required on the Organization's letterhead)

To,
 (n) Code Solutions,
 A Division of Gujarat Narmada Valley Fertilizers Company Limited.

This is to certify that:

Mr. / Ms. _____ (certificate applicant)

has provided correct information in the application form for issue of Digital Certificate to the best of my knowledge and belief and is working with _____

(organization name). He / She is hereby authorized to obtain a Class 2 Digital Certificate issued by (n)Code Solutions CA.

Details of Authorized Signatory:

Name

Designation

Organization Name

Signature of Authorized Person (with stamp of Organization Office)

Date :

Place :

(n) Care...

Mumbai Corporate Office	(022) 24323026	(022) 24323028	9320037661
	(022) 24323027	(022) 24323029	9320037665

Email: dsc@dsconline.in