## APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE



## (FOR ORGANISATION)

Application ID Number (For office use only):

## Instructions:

- 1. Please fill the form in BLOCK LETTERS only.
- [\*] MARKED Fields are Mandatory.
- Any discrepancy or inconsistency in the form will lead to delay and / or rejection.

  Attestation of documents by any: Public Notary OR Gazetted Officer OR Bank Manager OR Company Secretary/Director OR present originals to our Registration Authority for verification & attestation.

  All subscribers are advised to read Certification Practice Statement of e-Mudhra available at <a href="https://www.e-Mudhra.com">www.e-Mudhra.com</a>
- At Par Cheque/Demand Draft to be drawn in favour of **Chartered Soft Solutions**.
- Applicants for Class III shall present themselves at the RA location where the registration form for Digital Signature Certificate was sent, for verification of physical presence.
- 8. Legal proceedings will be initiated against cheque bounce.

Affix recent passport size photograph of the applicant.

Applicant to sign across the photograph extended to application form

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1A. CERTIFICATE CLASS:*	1B. CER	RTIFI	CA	TE T	YPE:	*		2. C	ER'	TIFIC	CATI	E V	'ALIDI	ITY:	*		3. U	ISB	TC	KE	N:*	ę.						
Class 2 Gold Organisation		Signature					I I I I I I I I I I I I I I I I I I I									Required												
Class 3 Platinum Organisation											_																	
Class 3 Device/Server		SL Se	rver	•					2	Year	S						Not Required											
APPLIC	ANT DET	\ILS'	* (A	s pe	r ap	pl	ican	t's v	alio	d ID	Pro	of	at SI.	No.	.11	bel	ow)	)										
4. Name:*	I. Name:* First Name							Middle Name											Last Name/Surname									
Mr. Ms. Dr.											$\prod$												Ī					
5. Date of Birth:*	D M	M	Υ	Υ	Υ	1	1 6	. Ge	nd	ler:*	•							Vla	le				Fer	male				
7. Nationality:*	Nationality:*						8	. Re	sio	lent	ial S	ta	tus:*		Resident Non-Resident													
CONTACT DETAILS*																												
9. Office Address:*																												
Organisation Name		П																		T	T	Т	П					
Designation																				T								
Department																												
Flat/Door/Block No.																												
Name of the Premises/Building/	'Village																											
Road/Street/Lane/Post Office																												
Area/Locality/Taluka/Sub-divis	sion																											
Town/City/District																												
State/Union Territory																												
Pincode																												
Telephone No. (e.g.+91-80-233.	33333)																											
Mobile No. (e.g.+91-999999999	9)																											
Fax No. (e.g.+91-80-23333333)																												
				IDEI	NTIF	IC/	ATIO	N D	ET/	AILS	*																	
10. E-Mail ID:* (Valid and active L	-mail ID to	be																										
included in the Digital Signature Cert	ificate)																											
11. a) PAN Number:*																												
11. b) Valid Identity Details:*				) Pa	sspo	rt	$\Gamma$	- 1		ing	ſ	_	)Vote	r's	ID			_		tion	_ ا	ŊΡ,Ł	N (	Card				
(Please tick any one and fill the ID nu	mber and		F	, 	<u>.</u>	<u> </u>	$\overline{}$	<u> </u>	ice	nse			, 	1			<sup>J</sup> Id	car	a	_		ر □□	$\overline{}$					

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12. DETAILS	RE	วบ	ΙKΕ	ָט	IF /	APL	PLY	/IN	G	Ю	R S	EK	VE	K (	JEH	<b>(11</b> )	FIC	ΑI	Ŀ											
ISP Name																														
Domain Name																														
Domain IP Address																														
Physical Location (of Server Hosting)																													1	
Services Offered on the website																														
Name of registrar of Domain																														
Domain registration validity (DD/MM/YYYY)	)																													
ORGANISATION DETAILS*																														
13. Organisation Details:* Corporat	e O	fice	9		ηH	lea	d C	Offi	се						) R	egi	ste	ere	d C	)ffi	се			) B	rar	nch	0 (	ffic	:e	
Organisation Name																														
Registration Number																														
Date of Incorporation/Proprietorship																													$\exists$	<u> </u>
Commencement/Partnership Agreement																														}
Flat/Door/Block No.																														
Name of the Premises/Building/Village																														
Road/Street/Lane/Post Office																														
Area/Locality/Taluka/Sub-division																														
Town/City/District																														
State/Union Territory																														
Pincode																														
Telephone No. (e.g.+91-80-23333333)																														
Mobile No. (e.g.+91-999999999)																														
Fax No. (e.g.+91-80-23333333)																														
Corporate Website (URL)																														
PAN No. of Organization* (Attach photo cop	y)																													
Organization's Bank Account Details*																·														
Bank Name								Ac	ССО	un	it T	yp	е				Sa	iive	ngs	3			(		Cu	ırre	ent			
Branch Name & Place								Ac	CCO	un	it N	lur	nb	er																
				PΑ	ΥN	ΛΕΓ	TV	DE	ΤA	ILS	S*																			
14. Mode of Payment*								Online Cheque/DD																						
Online Payment Detai	S						Cheque/DD Payment Details																							
Transaction/Reference No.						Cheque/DD No.																								
Bank Name					Bank & Branch Name																									
Account Type					Account Type																									
					Amount Rs.																									
Date Date				Date																										
DECLARATION*																														
I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber																														
agreement and will abide by the same. The																					ies <sup>*</sup>	t fo	rm	is t	ru	e a	nd	cor	re	ct
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Duto.														•																
Pincode Telephone No. (e.g.+91-80-23333333) Mobile No. (e.g.+91-9999999999) Fax No. (e.g.+91-80-23333333) Corporate Website (URL) PAN No. of Organization* (Attach photo cop. Organization's Bank Account Details* Bank Name Branch Name & Place  14. Mode of Payment* Online Payment Detail Transaction/Reference No. Bank Name Account Type Amount Rs. Date	od t	ma	oro	[ pvisi n pi	DEC	CL/ s o	AR/ f e-	CI Bi A A D ATI	he and ccc ate On udh nis orn gna	qui k & Dur Dur Dig nat atu	e/[ck Bint The Center of the C	DD rar Type Rs. rtiff of he	Dnl Nch De iica gna e-f the Ap	ine Ch ). Na tior	n Pr re ( dhr	e Certa recan	/DI	e Sta	ate	Z'me	ent	(CI	eta PS)	neq	ue d ti	/D	D	DSCI		

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	Trust Delivered										
CHECK LIST OF ORGANISATION DOCUMENTS TO	BE SUBMITTED ALONG WITH THE APPLICATION*										
a. True copy of any one (attested by Company Secretary OR Dir	rector OR Partner of the Organisation as applicable)										
Certificate of Incorporation Memorandum of Association	Regd Partnership Deed Valid Business Licence										
b. True copy of any one (attested by Company Secretary OR Dir											
Annual Report Latest Income Tax Return	Latest Organisation Bank Statement of Income issued										
Attacted Copy of the Organisation DAN Cord	details from the Bank by Chartered Accountant										
c. Attested Copy of the Organisation PAN Card d. Authorization letter in favour of the certificate applica	ant from the Organisation as nor format helow										
	1										
e. Domain Name registration proof from the registrar of	Domains (ii applying for Server Certificate)										
TO BE FILLED BY	RA OFFICE ONLY*										
I declare that the applicant has provided correct information	n in this application form. I have checked and verified the										
application form and supporting documents.											
RA Name:											
Signature:											
Place:											
Date:	DA Cool & Chaman										
Date.	RA Seal & Stamp										
AUTHORISATION LETTER FORMAT*											
(This Authorisation Letter is require	ed on the Organization's letterhead)										
To,											
e-Mudhra, 3i Infotech Consumer Services Limited,	Date: D D M M Y Y Y Y										
XXXXXXXX											
Dear Sir,											
Sub: Authorisation letter for obtaining Digital Sign	ature Certificate.										
	(2										
This is to certify that Mr. /Mrs./Miss	(Certificate applicant) has provided										
· · ·	gital Signature Certificate" to the best of my knowledge and										
	uthorize him/her, on behalf of our Organisation to apply for										
obtaining the following Class of Digital Signature Certificate  Class 2 Gold Organisation  Class 3 Platinu	_										
Class 2 Gold Organisation Class 3 Plating	m Organisation Class 3 Device / Server  Details of Executive Authorizing the Applicants:										
Clamatura	Details of Executive Authorizing the Applicants.										
Signature:											
Name:											
Designation:											
Department:											
Office Seal and Stamp											
CONTAC	T DETAILS										

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