

# Digital Signature Certificate Subscription Form

Class of Certificate	Class 2 <input type="checkbox"/>	Individual <input type="checkbox"/>	Signing <input type="checkbox"/>	1 Year <input type="checkbox"/>	Request Id: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
	Class 3 <input type="checkbox"/>	With Org Name <input type="checkbox"/>	Encryption <input type="checkbox"/>	2 Years <input type="checkbox"/>	

## 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 DSC with ORG )

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

- Use blue-ink only including signature.
- Ensure the Name, Designation, Address and Contact number of the attesting officer in at least one of the attestation document.

## Section 2: Identity Proof Details

<p><b>Photo Identity Proof *</b></p> <p>Identity Proof Name <table border="1" style="width: 100%; height: 20px;"></table></p> <p>( Eg: Pan Card, DL, Passport, ...)</p> <p>Identity Proof Number <table border="1" style="width: 100%; height: 20px;"></table></p>	<p><b>Address Proof *</b></p> <p>Address Proof Name <table border="1" style="width: 100%; height: 20px;"></table></p> <p>( Eg: Passport, DL, Latest Telephone Bill, ...)</p>
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Note\*: Subscriber's signature should appear on the Photo ID Proof.

## Section 3: Declaration

I hereby declare that all the information provided in 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 the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript CA CPS (<https://www.safescrypt.com/pdf/cps.pdf>) and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

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 Class3DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal \*

Date \* 



 Name \*

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

Partner Name:	<table border="1" style="width: 100%; height: 20px;"></table>
Sify RA:	<table border="1" style="width: 100%; height: 20px;"></table>
Date of Issuance:	<table border="1" style="width: 100%; height: 20px;"></table>