

Digital Signature Certificate Subscription Form

Class of Certificate
 Class 2 Individual Signing 1 Year
 Class 3 With Org Name Encryption 2 Years

Request Id:

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* :
(Mandatory in case of ORG DSC)

Door No/Building Name* :

Road/ Street/ Post Office* :

Town/ City/ District* :

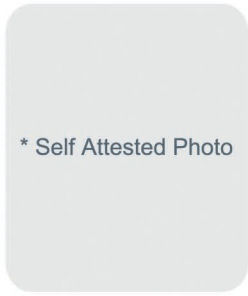
State/ Union Territory* :

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

Photo Identity Proof *	Address Proof *
Identity Proof Name (Eg: Pan Card, DL, Passport, ...) <input type="text"/>	Address Proof Name (Eg: Passport, DL, Latest Telephone Bill, ...) <input type="text"/>
Identity Proof Number <input type="text"/>	

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:	<input type="text"/>
Sify RA:	<input type="text"/>
Date of Issuance:	<input type="text"/>