# **DOCUMENT SIGNER**



	ion Traditional V	erification			
Please select Certificate type IF: Please select class of certificate and				112721142	
Joseph Daniel I A	ear 1 2 3	Type Signing	Sign & Encrypt	Applicant ID on	Order IO seems
Please fill the applicant deta	37			- 1	
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Applicant Name				Approxim	PAN Number
-mail ID				Mobile No	is.
Applicant ID Proof	Pan Card	Passport [	Driving licence	Others*	
lease fill organization deta	ils				
ST No.		Organization PA	N	Department	
Organization Name				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	· -
Organization Address					
		-120001200120010			2007
Yin Code		Town/City/District		State/Union Territo	ory
CARRIED INTERTED OF	BURNER BUT I TO				
CAPRICORN IDENTITY SE This is to certify that Mr. / Ms (certificate application) Mobile no. working with (organization digital certificate issued by	ant) has provided cor		dication form for i	ssuance of digital certificate to the He / She is hereby as	
This is to certify that Mr. / Ms (certificate applicate Mobile no. working with (organization	has provided cor n name) y Capricorn Identity Servic		dication form for i		TO SEE STATE OF THE SECOND PROPERTY OF THE SE
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This is to certify that Mr. / Ms (certificate application) Mobile no. working with (organization digital certificate issued by  Details of authorising  Name  Designation	has provided cor n name) y Capricorn Identity Service person		Identity / Ca	He / She is hereby as	rthorized to obtain a
This is to certify that Mr. / Ms (certificate application) Mobile no. working with (organization digital certificate issued by  Details of authorising  Name  Designation	has provided corn name) y Capricorn Identity Service person  Date	es Pvt. Ltd.	Identity / Ca	He / She is hereby as	rthorized to obtain a
This is to certify that Mr. / Ms. (certificate application) Mobile no. working with (organization) digital certificate issued by Details of authorising Name  Designation  Place  Details marked with asterisks a	has provided corn name) y Capricorn Identity Service person  Date	es Pvt. Ltd.	Identity / Ca	He / She is hereby as	rthorized to obtain a
This is to certify that Mr. / Ms (certificate applicate applicate) Mobile no. working with (organization digital certificate issued by Details of authorising Name  Designation  Place	has provided corn name) y Capricorn Identity Service person  Date  re shown in Important section i	in the next page	Identity / Ca	He / She is hereby as  rd No. / Employee Id  stans of subhartung persons andy with seal	affix recent passport size coloured photograph of the
This is to certify that Mr. / Ms (certificate applicate applicate) Mobile no. working with (organization digital certificate issued by Details of authorising Name  Designation  Place  Details marked with asterisks a  Applicant Declaration I hereby agree to above and confirmation.	has provided corn name) y Capricorn Identity Service person  Date  re shown in Important section i	in the next page	Identity / Ca	If the is hereby as and No. / Employee Id	affix recent passport of the applicant
This is to certify that Mr. / Ms (certificate applicate applicate) Mobile no. working with (organization digital certificate issued by Details of authorising Name  Designation  Place  Details marked with asterisks a  Applicant Declaration I neetly agree to abide and confidence agreement. The information provides	has provided corn name) y Capricorn Identity Service person  Date  re shown in Important section i	in the next page	Identity / Ca	If the is hereby as and No. / Employee Id	affix recent passport size coloured photograph of the

### **DOCUMENT SIGNER**



64.1 - 25.09.2019

Security Letter	
The following declarations should be obtained from subscriber in the	Document Signer Certificate application form:
<ul> <li>I haveby declare and undendand that Organizational Document Signer certificate less contact including individual signature.</li> </ul>	sed to us will be used only for automated signing of documents / information and will not be used in any other
<ul> <li>I hereby declare that necessary controls have been built in software applications to er</li> </ul>	nsure that there is no misuse.
<ul> <li>I hereby declare and understand that the document / messages authoritizated using 0</li> </ul>	Organizational Document Signer Certificate issued to us in having organizational accountability.
DSC will be revoked immediately in the event of applicant name (	) quiding or being transferred from the organization name (
<ul> <li>For Signing 8 Encryption certificate only Thereby undertake that a backup copy of the</li> </ul>	a Signing & Encryption key will be securely maintained by me.
Authorising Signatory Name	
4	
	Tigratus

Note: Section 71 of IT Act abpulates that if anyone makes a managementation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be liable for punishment with imprisonment up to 2 years or with flow up to one last rupeer or both.

#### Instructions:

- 1. Please fill up the form in 'English' only.
- 2. Incomplete, illegiste or inconsistent applications will be rejected.
- Supporting documents should be attested either by a bank manager, a Gazetted officer or a Post Master.
- The utilities bill or bank statement should not be older than 3 months.
   from the application tiste.
- Please ensure that tax related supporting documents should be of the most recent year if not ourself then previous year.
- For CLASS 2 certificate physical presence of applicant is a must for which a 25 second video Should be recorded.
- 7. Mobile verification by the applicant is mandatory.
- 8. DSC Download link is sent to the applicant email only.
- 9. The certificates must be downloaded only in a cryptographic device.

- 10. Applicants must refer to Capricovoid CPS at www.certificate.digital
- 11. Contact us at : support@contificats.digital or at (811) 6140 8000
- The forms must be sent to: G-6, Vikas Deep Building, Phot-18, Laters Nagar District Centre, Delhi- 110 692, India
- for encryption certificate only.
   I hereby undertake that a backup copy of the encryption key will be securely maintained by me (Applicant).
- Applicant has to sign across the photograph extended to application form.
   Applicant can also submit their Identity proof as: Pan Cand, Post office.
- Approant can also submit their identity proof as: Pan Card, Post office ID Card Bank account Passbook, Government issued photo ID Card.
- Address Proof gas connection Voter to Cand. Electricity Bill, Service Tax/ Val Tax/ Sales
  Tax Reg. Certificate, Telephone Bill, Water Bill, Property Tax. Coopcration Tax, Municipal
  Corporation Reciept Bank Statement Signed By Manager.
- For Mobile rerification please forward the area sent on your registered number to \$315403322 / \$315480323 / \$315480324 Alternatively you can send the area in the format gives below (in case you have not received the area.)
   APXXXXX and CitertvaEmail

#### Important:

- + The DSC will be bound to the organizational name.
- . The authorization letter should have photograph of the applicant and ID proof of signatory.
- \*Government ID proof required incase of government organization (Authorized signatory & Applicant).
- If Authorized signatory is not a partner, an Authorization Letter signed by it partner.
- If Authorized signatory is not a director, Board Resolution CRI Power of Attorney shall be enclosed.
- Not required authorization letter in case of single director company and Proprietorship himself herself.
- \*If proprietor himself is not the applicant then authorisation letter has to be provided duly signed by the proprietor.
- Alternate to barn statement, a signed letter from the bank confirming the account existence and organisation name can be provided.
- Company member (partner list would be required incase of LLPRACP/NGO/Trust organization)

## **DOCUMENT SIGNER**



14.1-20.05.2019

#### · Please select one of the verification methods

Organization Type :	Proprietorship	Partnership	Corporate Entities	LLP	AOP	NGO / Trust
Occument Name	194		υ.	, bed.	, but	
25T Filing Proof (not old than 3 months)	4	1	4	4	1	1
D Preof						
Applicant ID (PAN, Voter ID, Passport or Driving License)	9	1	4	1	4	1
Lathorized signatory ID Proof (PAN, Voter ID, Passport or Wring License or organizational ID card)	4	-	4	4	4	1
Authorized Signatory Proof						
Austress registration certificate containing name of the inoprietor confirming the business ownership of Authorized signatory (Proprietor).	ŷ.					
Copy of List of partners from Partnership Geed, LLP Deed (First page and page(s) containing Authorized Egnatory/Partner Name)		~		1		
Copy of List of Directors sletalis shuld be in NICA websits f Authorized signatory is not a director, Board Resolution OR Power of Attorney shall be enclosed.						
Copy of resolution from Association / Society / NGO / Trust authorizing the signatory.					1	1
Authorization Latter	*	4	4	4	4	1
equity Letter	4	4	4	4	1	1
Separation Letter		,		1	1	,

#### Method 2 Traditional Verification

Organization Type :	Proprietorship	Partnership	Corporate Entities	LLP	AOP	NGO ( Trust
ID Preof						
Applicant ID (PAN, Voter ID, Passport or Driving License)	9		1	1	4	-
Authorized signatory ID Proof (PAN, Voter ID, Passport or Oriving License or organizational ID card)	,	-	-	4	1	1
Proof of Organizational Existence						
Copy of Susiness registration certificate including GST, MSWE, Shops & Establishments	4	4				
Copy of Organization PAN Card		1	4	-	4	1
Organisation Bank Statement( should not be older then 3 months)	4	1	4	1	4	1
Capy of Organization Incorporation Certificate				1	4	1
Authorized Signatory Proof						
Business registration certificate containing came of the proprietor confirming the business ownership of Authorized signatory (Proprietor).	-					
Copy of List of partners from Partnership Deed, LLP Deed (First page and page(s) containing Authorized Signatory/Partner Nume)		9				
Copy of List of Directors, details shuld be in MCA website if Authorized signatory is not a director, Board Resolution OR Power of Adorney shall be enclosed.			,			
Copy of resolution from Association / Society / NGO / Trust authorizing the aignatory					1	1
Authorization Letter	*	1	1	1	1	1
Security Letter	~	4	4	4	1	1
Destaration Latter	1	1	4	1	4	1





#### **Authorization Letter by Govt. Organization**

(To be printed on organization letter head / Office seal. To be signed by Authorized Signatory / Government Department in-charge. To be used, if the authorization is not made on Application Form.)

To,

Capricorn Identity Services Pvt. Ltd. (Capricorn CA)

G-5, Vikas Deep building, Plot. 18,

Laxmi Nagar District Center,

Delhi-110092

**Sub:** Authorization for obtaining Digital Signature Certificate (**Certificate Type**)

Dear Sir/ Madam,

With Subject to the below following Employee/Employees have applied for Digital Signature Certificate the details are as under.

<b>Employee Name</b>	Designation	Employee Mobile No.	Employee Email id

As per-requisite of the Identity Verification Guidelines by controller of Certifying Authorities, We hereby certify as below:

- 1 All the applicants (as per names mentioned above) are working in (organization name and Address).
- 2- All the details of Applicants are physically verified by me.
- 3- Their individual mobile no. And email id are active (contact no to be put in DSC) and have been verified by me.
- 4- I confirm the Physical Verification of Applicant.
- 5- I am enclosing my self-attested ID Card

I declare that the above (employee or employees) are live and information submitted is correct as per my knowledge.

For the Organization,	
(Seal & Signature)	
Authorizing Person Name:	
Designation:	_
Mobile No. :	

### Letter Head

To,

Capricorn Identity Services Pvt. Ltd. G-5, Vikasdeep building, Plot No-18, Laxmi Nagar, district Centre, New Delhi- 110092.

Sub: Applicant verification as per the CCA Guidelines for the purpose of Digital Signature Certificate Issuance.

Sir,

herewith we re enclosing Application form of (Applicant name ) for Document Signer Certificate from Capricorn identity Services Pvt. Ltd.

We have gone through the CPS of Capricorn Identity Services Pvt. Ltd. and we agree to abide by the Same.

As per-requisite of the Identity Verification Guidelines by controller of Certifying Authorities, we hereby certify as below:

- 1 All the applicants (as per names mentioned above ) are working in (organization name and address).
- 2- All the details of Applicants are physically verified by me .
- 3- Their individual mobile no. are active (contact no to be put in DSC) and have been verified by me .
- 4- I am enclosing my self-attested ID Card

Thanking you,

**Authorized Signatory** 

Name:

Designation:

Contact no:

# Applicable for Pvt. Ltd./Ltd./LLP/Trust/Society only

### **Board Resolution (Suggested format)**

(To be printed on organization letter head)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED	AT THE MEETING OF THE BOARD OF DIRECTORS
OF (Company Name)	HELD ON (Date)
AT (Address)	
RESOLVED THAT the company has decided to authorize	ze, Mr. / Ms
and is hereby authorized to	sign and submit all the necessary papers, letters,
forms, etc to be submitted by the company in con	nection with "authorizing any of the personnel of
the company (applicant) to procure Digital Certif	ficate". The acts done and documents shall be
binding on the company, until the same is withdraw	n by giving written notice thereof.
Specimen Signatures of Authorized Signatory:	
(Signature)	
RESOLVED FURTHER THAT, a copy of the above	resolution duly certified as true by designated
director / authorized signatory of the company be	·
and such other parties as may be required from tim	e to time in connection with the above matter.
For the Organization,	
(Seal & Signature)	
Name:	
Designation:	

### Only applicable for Partnership Organization

# Letter Head

Photograph of Authorising Person

			Date:	
То,				
The Capricorn Identity Ser	vices Pvt. Ltd.			
709, Roots Tower, Plot No	o.: 7			
Laxmi Nagar District Centr	re			
Delhi: 110092, India				
Dear Sir/Mam <b>Sub</b> :	Authorization lo	ttor for applying fo	or Digital Signaturo	
	that we (Namely	Mr	or Digital Signature	_ with <b>Pan No.</b> Residing at
No	; and	d <b>Mr.</b>		
partner in said partnershi	nd that we authorize a ip, to represent us and	and direct I to apply for a Di		( <b>Applicant)</b> a
This authorization shall modification is served by		and effect until	express written no	otice of rescission or
Attached below is the spe	cimen signature and ph	hotograph of the p	partner being author	ized.
Thanks and Regards				
(Authorising Person)			(Applicant)	
Cross signed Picture			Cross signed Picture	

Photograph of Applicant

### **Letter of Identity Proof by Organization**

(To be printed on organization letter head / Office seal. To be signed by HRD of Organization / Authorized Signatory / Government Department in-charge. To be used if the Organizational ID card is not available for the applicant.)

To:		
Capricorn Identity Services Pv G-5, Vikas Deep building, Ple Laxmi Nagar District Center, Delhi-110092	, 1	
Subject: Organizational ID Pro	of of the applicant	
Organization Name:		
Name of the Individual		
Org ID Number (if available)		Affix passport size photograph Cross sign across the
Designation		Photo
Department		
		Applicant Signature
		<del></del>
yet. It is humbly requested to corganization.	the organization but organization ID card is onsider their personal ID etc. For issuing and above Individual. I'm the Authorized Personal ID etc.	govt. DSC for our
Identity on behalf of the Organiza	ation.	
For the Organization,		
(Seal & Signature)		
	<del></del>	
Designation:		
Mobile No.:		