

• Please select one of the verification methods

Online GSTIN Verification Traditional Verification

• Please select Certificate type

TIP : Please select class of certificate and validity.

Class	3 <input checked="" type="checkbox"/>	Year	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Type	Signing <input checked="" type="checkbox"/>	Applicant ID (Internal use)	Order ID (Internal use)
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• Please fill the applicant details

TIP : The certificate would be issued in the following name.

Applicant Name	Applicant PAN Number
E-mail ID	Mobile No.
Applicant ID Proof <input type="checkbox"/> Pan Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Others* <input type="checkbox"/>	

• Please fill organization details

TIP : Please tell us about your organization.

GST No.	Organization PAN	Department
Organization Name		
Organization Address		
Pin Code	Town/City/District	State/Union Territory

I'm / We're aware of risks associated in case of class 2 certificate, when originated and stored in a software format (PFX / P12). We shall ensure all responsibilities towards securing the certificate at our end, and implement all measures to avoid unauthorized access / usage / distribution / copying of the private key.

Authorization Letter

NOTE: The authorized signatories for applying digital signature certificate should be duly authorized by the resolution of board of directors/ partners.

TO,
CAPRICORN IDENTITY SERVICES PVT. LTD.
This is to certify that

Mr. / Ms (certificate applicant) _____
Mobile no. _____ has provided correct information in the application form for issuance of digital certificate to the best of my knowledge, is working with (organization name) _____. He / She is hereby authorized to obtain a digital certificate issued by Capricorn Identity Services Pvt. Ltd.

Details of authorising person

Name	Identity / Card No. / Employee Id
Designation	
Place	Date
Signature of authorising person only with seal of the organization	

Details marked with asterisks are shown in Important section in the next page

Applicant Declaration

I hereby agree to abide and confirm, that I have read and understood provisions, guidelines & practices of CapricornID CPS and the subscriber agreement. The information provided in this application form is correct and true in all respect.

Place:

Date:

Signature of applicant as in ID Proof with seal of organization (Blue link only)

affix recent
passport
size coloured photograph
of the
applicant

applicant has to sign across
the photograph extended
to application form

Security Letter

The following declarations should be obtained from subscriber in the Document Signer Certificate application form:

- I hereby declare and understand that Organizational Document Signer certificate issued to us will be used only for automated signing of documents / information and will not be used in any other context including individual signature.
- I hereby declare that necessary controls have been built in software applications to ensure that there is no misuse.
- I hereby declare and understand that the document / messages authenticated using Organizational Document Signer Certificate issued to us is having organisational accountability.
- The key pair was generated on a HSM which is under the administrative and physical custody of (Organization name) and that signing key activated controls are only with (applicant name).
- The HSM will not be used for any purpose other than for signature by (Applicant name).
- The HSM has been configured to ensure that signing keys generated from HSM are not exportable from the HSM.
- DSC will be revoked immediately in the event of applicant name (_____) quitting or being transferred from the organization name (_____).
- The make-n-model of the HSM is described as:

Brand Name Model Type Serial No. Form Factor (PCI/Network)

Authorising Signatory Name

Signature

Note: Section 71 of IT Act 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 liable for punishment with imprisonment up to 2 years or with fine up to one lakh rupees or both.

Instructions:

- Please fill up the form in 'English' only.
- Incomplete, illegible 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 date.
- Please ensure that tax related supporting documents should be of the most recent year if not current then previous year.
- For CLASS 3 certificate physical presence of applicant is a must for which a 25 second video Should be recorded.
- Mobile verification by the applicant is mandatory.
- DSC Download link is sent to the applicant email only.
- The certificates must be downloaded only in a HSM only.
- Applicants must refer to Capricornid CPS at www.certificate.digital
- Contact us at : support@certificate.digital or at (011) 6140 0000
- The forms must be sent to : **G-5, Vikas Deep Building, Plot-18, Laxmi Nagar District Centre, Delhi- 110 092, India**
- Applicant has to sign across the photograph extended to application form.
- Applicant 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 Id Card, Electricity Bill, Service Tax/ Vat Tax/ Sales Tax Reg. Certificate, Telephone Bill, Water Bill, Property Tax, Corporation Tax, Municipal Corporation Receipt, Bank Statement Signed By Manager.
- For Mobile verification please forward the sms sent on your registered number to **9315400322 / 9315400323 / 9315400324** Alternatively you can send the sms in the format given below : (in case you have not received the sms.) **APXXXXX and ClientsEmail**

Important:

- The DSC will be issued 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 a partner.
- If Authorized signatory is not a director, Board Resolution OR 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 bank 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 LLP/AOP/NGO/Trust organization

• Please select one of the verification methods

Method 1 Online GSTIN Verification

Organization Type :	Proprietorship	Partnership	Corporate Entities	LLP	AOP	NGO / Trust
Document Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GST Filing Proof (not old than 3 months)	✓	✓	✓	✓	✓	✓
ID Proof						
Applicant ID (PAN, Voter ID, Passport or Driving License)	✓	✓	✓	✓	✓	✓
Authorized signatory ID Proof (PAN, Voter ID, Passport or Driving License or organizational ID card)	✓	✓	✓	✓	✓	✓
Authorized Signatory Proof						
Business registration certificate containing name 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 Name)		✓		✓		
Copy of List of Directors details should be in MCA website If 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.					✓	✓
Authorization Letter	*	✓	✓	✓	✓	✓
Security Letter	✓	✓	✓	✓	✓	✓
Declaration Letter	✓	✓	✓	✓	✓	✓

Method 2 Traditional Verification

Organization Type :	Proprietorship	Partnership	Corporate Entities	LLP	AOP	NGO / Trust
Document Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ID Proof						
Applicant ID (PAN, Voter ID, Passport or Driving License)	✓	✓	✓	✓	✓	✓
Authorized signatory ID Proof (PAN, Voter ID, Passport or Driving License or organizational ID card)	✓	✓	✓	✓	✓	✓
Proof of Organizational Existence						
Copy of Business registration certificate including GST, MSME, Shops & Establishments	✓	✓				
Copy of Organization PAN Card		✓	✓	✓	✓	✓
Organization Bank Statement(should not be older then 3 months)	✓	✓	✓	✓	✓	✓
Copy of Organization Incorporation Certificate.			✓	✓	✓	✓
Authorized Signatory Proof						
Business registration certificate containing name 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 Name)		✓		✓		
Copy of List of Directors details should be in MCA website If 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.					✓	✓
Authorization Letter	*	✓	✓	✓	✓	✓
Security Letter	✓	✓	✓	✓	✓	✓
Declaration Letter	✓	✓	✓	✓	✓	✓



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.

Employee Name	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, Mr. / Ms. _____
_____ and is hereby authorized to sign and submit all the necessary papers, letters,
forms, etc to be submitted by the company in connection with “authorizing any of the personnel of
the company (applicant) to procure Digital Certificate”. The acts done and documents shall be
binding on the company, until the same is withdrawn 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 furnished to Capricorn Identity Services Pvt. Ltd.
and such other parties as may be required from time to time in connection with the above matter.

For the Organization,

(Seal & Signature)

Name: _____

Designation: _____

Only applicable for Partnership Organization

Letter Head

Date: _____

To,

The Capricorn Identity Services Pvt. Ltd.

709, Roots Tower, Plot No.: 7

Laxmi Nagar District Centre

Delhi: 110092, India

Dear Sir/Mam

Sub : Authorization letter for applying for Digital Signature

We hereby certify that we (Namely **Mr.** _____ with **Pan No.** _____, s/o _____, Residing at _____; and **Mr.** _____, with **Pan No.** _____, S/o _____, Residing at _____) are the partners owning the entire interest in _____, the partnership doing business in the State of _____, in _____ and that we authorize and direct _____ (**Applicant**) a partner in said partnership, to represent us and to apply for a Digital Signature certificate on behalf of the company which is required for certain statutory requirements..

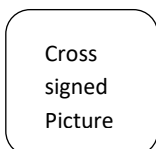
This authorization shall remain in full force and effect until express written notice of rescission or modification is served by us.

Attached below is the specimen signature and photograph of the partner being authorized.

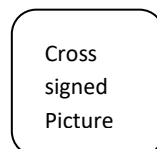
Thanks and Regards

(Authorising Person)

(Applicant)



Photograph of Authorising Person



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 Pvt. Ltd. (Capricorn CA)
G-5 , Vikas Deep building , Plot . 18,
Laxmi Nagar District Center,
Delhi-110092

Subject: Organizational ID Proof of the applicant

Organization Name: _____

Name of the Individual		Affix passport size photograph Cross sign across the Photo
Org ID Number (if available)		
Designation		
Department		

Applicant Signature

The above applicant is part of the organization but organization ID card is not issued to him yet. It is humbly requested to consider their personal ID etc. For issuing govt. DSC for our organization.

I hereby confirm the Identity of the above Individual. I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

For the Organization,

(Seal & Signature)

Authorizing PersonName: _____

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.

For:- Authorizing Person Name.

Sir,

I. I hereby declare and understand that organizational Documents Signer certificate issued to us will be used only for automated signing of documents/ information and will not be used in any other context including . individual signature.

II. I hereby declare that necessary controls have been built in Software applications to ensure that there is no misuse.

III. I hereby declare and understand that the documents/ messages authenticates using organisational Documents Signer Certificate issued to us is having organizational accountability.

IV. The key pair was generated on a HSM which is under the administrative and physical custody of (Organization name) and that signing key activated controls are only with (applicant name)

V. The HSM will not be used for any purpose other than for signature by (Applicant name).

VI. The HSM has been configured to ensure that signing keys generated from HSM are not exportable from the HSM.

VIII DSC will be revoked immediately in the event of (applicant name) quitting or being transferred from (organization name)

Thanking you

Authorized Signatory

Name:

Designation:-

Contact no: