# **ORGANIZATION DSC**

| Ca | pricorn                    | 1   |
|----|----------------------------|-----|
| -  | identity Barvices Pvt. Ltd | (e) |

+4.1-25.08.2019

| Please select one of the verification me | ethod | 5 |
|--|-------|---|
|--|-------|---|

Online GSTIN Verification Traditional Verification

|  |  |  |   | ant ID international Order ID A  |
|--|--|--|---|--|
| Class 2 3  | Year 1 2 3   | Type Sign Encrypt  | Sign & Encrypt  |  |
| lease fill the applicant d   |  |  |   |  |
| pplicant Name  |  |  | 421   | Applicant PAN Number   |
|  |  |  |   |  |
| enali ID   |  |  |   | Nobile No.   |
|  |  |  |   |  |
| Applicant ID Proof   | Pan Can  | d 🗌 Passport 🔲 Driving li  | cence 🗌 Others"   |  |
| Please fill organization   |  |  |   |  |
| GST No.  | 1  | Organization PAN   | De  | partment   |
| Organization Name  |  |  |   |  |
| 20012712872200100  | 1  |  |   |  |
| Organization Address   |  |  |   |  |
| Pin Code   | -  | Town/City/District   | State/Uni   | on Territory   |
| 1965.022.021   |  |  |   | service of the servic |
|  |  | ital signature certificate should be duly  | authorized by the resolution of I   | board of directors/ partners.  |
|  | signatories for applying digi<br>SERVICES PVT. LTD.<br>licant)has provided o   | ital signature certificate should be duly<br>correct information in the application fo | rm for issuance of digital certific   |  |
| NOTE: The authorized s<br>TO,<br>CAPRICORN IDENTITY<br>This is to certify that<br>Mr. / Ms (certificate app<br>Mobile no.<br>working with (organiza  | signatories for applying digi<br>SERVICES PVT. LTD.<br>licant)has provided o   | correct information in the application fo  | rm for issuance of digital certific   | ate to the best of my knowledge, is  |
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| NOTE: The authorized s<br>TO,<br>CAPRICORN IDENTITY<br>This is to certify that<br>Mr. / Ms (certificate app<br>Mobile no,<br>working with (organiza<br>digital certificate issues<br>Details of authorisi<br>Name<br>Designation<br>Designation<br>Place | signatories for applying digi<br>SERVICES PVT. LTD.<br>licant)has provided of<br>tion name)<br>d by Capricorn identity Serv<br>ng person<br>Date<br><br>n onfim, that i have read and under iteration<br>onfim, that i have read and under iteration | toorfect Information in the application for<br>rices Pvt.Ltd.                          | irm for issuance of digital certific<br>He / She is h<br>ity Card No. / Employee Id | afte to the best of my knowledge, is<br>ereby authorized to obtain a   |

## **ORGANIZATION DSC**

## Please select one of the verification methods Define OSTIN Verification

| Organization Type :  | Proprietorship | Partnership | Corporate Entities | LLP | AOP | NGO I Trust |
|--|----------------|-------------|--------------------|-----|-----|-------------|
| Document Name  | 0              |             |                    |     |     | 0           |
| GST Filing Proof (not old than 3 months)   | ~              | 2           | 1                  | 4   | 4   | 1           |
| ID Proof   |                |             |                    |     |     |             |
| Applicant ID (PAN, Volar ID, Passport or Driving License)  | 1              | 1           | 5                  | 1   | 1   | 1           |
| Authorized signatory ID Proof (PAN, Voter ID, Paesport or<br>Driving License or organizational ID card)  | ~              | 4           | 1                  | 4   | 2   | 1           |
| Authorized Signatory Proof   |                |             |                    |     |     |             |
| Business registration certificate containing name of the<br>proprietor confirming the business ownership of<br>Authorized signatory (Proprietor).                  | 1              |             |                    |     |     |             |
| Copy of List of partneys from Partneyship Deed, LLP<br>Deed (First page and page(s) containing Authorized<br>Signatory/Partner Name)                               |                | ~           |                    | 1   |     |             |
| Copy of List of Directors details shuld be in MCA website<br>If Authorized signatory is not a director, Board Resolution<br>CR Power of Adorney shall be enclosed. |                |             | ~                  |     |     |             |
| Copy of resolution from Association / Society / NGO /<br>Trust authorizing the signatory   |                |             |                    |     | 4   | -           |
| Authorization Letter   | *              | 3           | 1                  | 3   | 1   | 3           |

#### Method 2 Traditional Verification

| Organization Type :<br>Document Name   | Proprietorship | Partnership | Corporate Entities |   |   | NGO I Trust |
|--|----------------|-------------|--------------------|---|---|-------------|
| ID Preof   |                |             |                    |   |   |             |
| Applicant ID (PAN, Voter ID, Pasaport or Driving License)  | 4              | 1           | 4                  | 4 | 4 | +           |
| Authorized signatory ID Proof (PAN, Voter ID, Passport or<br>Driving License or organizational ID card)  | 4              | ~           | ~                  | 1 | 4 | 1           |
| Proof of Organizational Existence  |                |             |                    |   |   |             |
| Copy of Business registration certificate including GST,<br>MSWE, Shops & Existi informate   |                | -           |                    |   |   |             |
| Copy of Organization FAN Card  |                | 2           | ~                  | ~ | 1 | 1           |
| Organisation Bank Statement( should not be older then<br>3 months)   |                | 1           |                    | 1 | 3 | 1           |
| Copy of Organization Incorporation Carbitople  |                |             | 4                  | 4 | 1 | 4           |
| Authorized Signatory Proof   |                |             | - F F              |   |   |             |
| Business registration cartificate containing name of the<br>proprietor continuing the business ownership of<br>Authorized signatory (Proprietor).                  | ~              |             |                    |   |   |             |
| Copy of List of pertners from Partnership Deed, LLP<br>Deed (First page and page(s) containing Authorized<br>Signatory/Partner Name)                               |                | -           |                    | 4 |   |             |
| Copy of List of Directors details shuld be in MCA website<br>If Authorized signatory is not a director, Board Resolution<br>DR Power of Adorney shall be enclosed. |                |             | 1                  |   |   |             |
| Copy of resolution from Association / Society / NGO /<br>Trust authorizing the signatory.  |                |             | -                  |   | 1 | 1           |
| Autorization Letter  | *              | 1           | 3                  | 1 | 1 | 1           |

#### Instructions:

- t. Please Hi up the form in 'English' only.
- 2. Incomplete, illegible or inconsistent applications will be rejected.
- 3. Supporting documents should be attested aither by a bank manager,
- a Gapeted officer or a Post Mester 4. The utilities bill or bank statement should not be older than 3 months.
- The upshow bit or bank supervers should not be bow that 3 months from the application data.
- 5. Flease ensure that tax related supporting documents should be of
- the most recent year if not current then previous year. 8. For CLASS 2.8.3 settificates physical presence of applicant is a must for which a
- 25 second video Should be recorded
- 7. Nobile verification by the applicant is mendatory.
- 8. DBC Doveload link is sent to the applicant enset only.
- 9. The certificates must be downloaded only in a cryptographic device.

- 10. Applicants must refer to Capitcomid CPS al www.certificate.digital
- 11. Contact us al. support@certificate.digital or at (011) 6140 0000
- The forms must be sent to 10-5, Vikas Deep Building, Mot-18, Liconi Nagar District Centre, Delhi- 110 192, India
- for encryption certificate only I hereby undertake that a backup copy of the encryption key will be seconely manufaced by me. (Applicant)
- maintained by me (Applicant) 14. 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 Taxl Val Tax/ Sales Tax Reg. Certificate, Telephone Bill, Water Bill, Property Tax, Corporation Tax, Municipal Corporation Reciept, BankStatement Signed By Manager.
- For Mobile serfication please forward the arts sent on your regulared number to \$15400322. \$315400323. \$355400325 Alternatively you can send the arts in the format guest below (in case you have not received the arts.) APXXXXX and ClienteEmail



- + If Authorized signatory is not a partner, an Authorization Letter signed by a partner.
- If Authorized signatory is not a director, Risard Resolution OR Power of Altorney shall be enclosed.
- Not required authorization letter in case of single director company and Proprietoning himself herself.
- \* "If preprietor himself is not the applicant then authorisation letter has to be provided duty signed by the proprietor
- Alternation to bank statement, a signed latter from the bank confirming the account existence and organisation name can be provided.
- · Company memberspanner bit would be required increase of LLPWCP/NGO/Trust organization





+4.1 - 25.08 2019

### 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       |                                   |
|------------------------------|-----------------------------------|
| Org ID Number (if available) | Affix passport size<br>photograph |
| Designation                  | Cross sign across the<br>Photo    |
| 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. : \_\_\_\_\_

## 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 RESOLUTIO | N 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 & Signat | ure) |      |
|----------------|------|------|
| Name:          |      | <br> |
| Designation:   |      |      |

### Only applicable for Partnership Organization

# Letter Head

Date: \_\_\_\_\_

Τo,

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     | (Na   | mely    | Mr.      |            |              |         | with           | Pan      | No.          |
|-------|-------------|----------|---------|--------|-------|---------|----------|------------|--------------|---------|----------------|----------|--------------|
|       |             |          | ,       |        | s/o   |         |          |            |              |         | Residin        | g        | at           |
|       |             |          |         |        | _;    | and     | Mr       | •          |              |         | /              | with     | Pan          |
| No    |             |          |         | ,      | S/o   | )       |          |            |              | ,       | Resid          | ng       | at           |
|       |             |          |         |        | )     | are     | the      | partners   | owning       | the     | entire         | nterest  | in           |
|       |             |          |         | , the  | partn | ership  | doing    | business   | in the Sta   | ate of  | •••••          |          | <b></b> , in |
|       |             | á        | and tha | t we a | autho | rize ar | nd direa | ct         |              |         | (              | Applica  | nt) a        |
| partr | ner in said | partners | hip, to | repres | ent u | s and t | to appl  | y for a Di | gital Signat | ure cer | rtificate on b | behalf o | 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)

Cross signed Picture (Applicant)

|         | ) |
|---------|---|
| Cross   |   |
| signed  |   |
| Picture |   |
|         | 1 |

Photograph of Authorising Person

Photograph of Applicant