

## Document Signer Certificate Subscription Form

**Class Of Certificate :**

**Request Id :**

### Section 1 : Subscriber Details

Name\* :

Designation\* :

Date of Birth\* :  Gender\* :

**Address\* :** ( Organisation address )

Organisation Name \* :

Organisation Unit Name\* :

Door No/Building Name \* :

Road/ Street/ Post Office \* :

Town/ City/ District \* :

State/ Union Territory \* :  Locality\* :

PIN Code\* :  Country\* :

Email Id\* :

Mobile Number\* :

Identity Proof Name\* :

Identity Proof Number\* :

Address Proof Name\* :

\*Self attested  
passport size  
photograph

1. Ensure the Name, Designation, Address and Contact number of the attesting officer is available in at least one of the attested document  
2. Subscriber's signature should be visible in the Photo ID Proof

### Section 2: Declaration

- i. 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 a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the SafeScript CA's CPS (<https://www.safescrypt.com>) 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.
- ii. 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.
- iii. I hereby declare that necessary controls have been built in software applications to ensure that there is no misuse.
- iv. I hereby declare and understand that the documents/messages authenticated using Organisational Document Signer Certificate issued to us is having organisational accountability.

Signature of the Subscriber\*

Date\*:

Place\*:

### Section 3: Authorisation

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\*

ID Proof\*

### For Office Use Only

Sify TP Name: **AUXES Technity Pvt. Ltd., Zone-1 M P Nagar, Bhopal (M.P.)**

VERA Name: **SafeScriptCA**

Sify TP Signature( with date ):

## Authorization Letter by 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,  
Sify Technologies Ltd.  
Chennai

### Subject: Authorization of the applicant by the organization

I hereby Authorize the below applicant to apply for Digital Signature / Encryption Certificate, on behalf of the Organization.

Organization Name: \_\_\_\_\_

Name of the Applicant	
Org ID Number (if available)	
Designation	

Class of Certificate     Class 2     Class 3

Type of Certificate     Signature     Encryption     Combo

For the Organization,

(Seal & Signature)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

## Letter for Identity Proof by 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,  
Sify Technologies Ltd.  
Chennai

**Subject: Identity proof of the applicant by the organization**

Organization Name: \_\_\_\_\_

Name of the Applicant	
Org ID Number (if available)	
Designation	

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)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

## 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 Authorised Signatory:**

(Signature)

**RESOLVED FURTHER THAT,** a copy of the above resolution duly certified as true by designated director  
/ authorised signatory of the company be furnished to eMudhra Limited 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: \_\_\_\_\_

**Undertaking for Class 2 Document Signer Certificate - soft download**

(To be printed on organization letter head / Office seal. To be signed by the Applicant / Authorized Signatory)

To

Sify Technologies Ltd  
Chennai

With reference to the purchase of class 2 document signer certificate from your company for the purpose of \_\_\_\_\_ based on our application dated \_\_\_\_\_, we hereby agree and undertake as under:

1. Sify Technologies Ltd has notified us the risks associated with Class 2 document signer certificate which are issued in soft-form. These risks include a. the risks of being copied b. risk arising out of unauthorized usage and c. incidental risks arising out of the above.
2. We hereby agree to keep the document signer certificate in the safe custody of the authorized personnel of the organization. If there is any misuse we take full responsibility for such misuse and we fully absolve Sify Technologies Ltd of all responsibilities in connection there with.

For the Organization,  
(Seal & Signature)

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Date: \_\_\_\_\_

Note: Class 2 document signer certificate is allowed for download in software form by the guidelines under IT Act. This soft download will enable applicant to create / store the DSC in PKCS#12 format (P12/PFX/JKS/etc). Being a software file, the DSC (including its private key) can be copied / duplicated for any intended / unintended purpose! Applicant is required to take due care of the same.