Document Signer Certificate Subscription Form

Class Of Certificate : | RCAI Class 3 Organization Document Signing 2014 | **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* : IN

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 SafeScrypt 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.)   Sify TP Signature(with date):

VERA Name: **SafeScryptCA**

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 by Organization for HSM based Certificate Download

To

Sify Technologies Ltd
Chennai

Subject: **Declaration and Authorization for Certifying the Key Pair generated through the HSM**

We hereby enclose the "Certificate Signing Request" (CSR) against the enclosed application by Applicant (Name) _____ towards SafeScrypt Certificate. We declare and assure that:

- ✓ The CSR is originated by the key-pair generated in the Hardware Security Module (HSM) and we shall import the 'CA Reply' (.cer) to this HSM and use the certificate.
- ✓ We shall ensure all responsibilities towards securing the key/certificate, and implement allP measures to avoid unauthorized access/usage of this key/certificate.
- ✓ The key in the HSM is marked as Non-exportable.

Certificate Information (Tick the applicable one)
- ☐ Class 2/3 Signature (Organization Individual)
  - We confirm that, key(s) in the HSM are of single user (DSC applicant) and are in full control of applicant.
  - We confirm that, HSM is under the administrative & physical custody of Organization and this signing key activation controls are only with the DSC applicant.
  - We confirm that, Organization will submit the revocation request for DSC immediately in the event of the DSC applicant quitting or being transferred from the Organization.
- ☐ Class 2/3 Encryption Certificate
- ☐ Class 3 Document Signer Certificate
- ☐ Class 3 SSL Certificate

HSM Information
HSM Manufacturer: _____
HSM Model: _____
FIPS 140-2 Level:
☐ 2
☐ 3
HSM Serial Number: _____

We authorize **SafeScrypt** to certify given CSR, and issue the certificate (.cer)

For the Organization,
(Seal & Signature)

Name: _____

Designation: _____

Organization: _____

Date: _____