

SafeEXIM Digital Certificate Subscription Form

Certificate Validity 1 Year 2 Years Request ID :

Section 1: Subscriber Details

Name* :

Designation* :

Date of Birth* : Gender* : Male Female

Organisation Name* :

IEC Code* Branch Code* :

Organisation Address* :

Road/ Street/ Post Office* :

Town/ City/ District* :

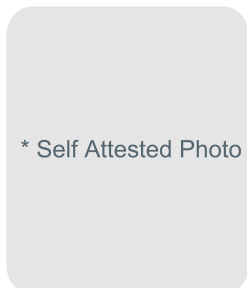
State/ Union Territory* :

Country* : PIN Code* :

Telephone Number* (with STD Code) :

Mobile Number* :

Email id* :



* Self Attested Photo

Section 2: Identity Proof Details

Subscriber's Photo Identity Proof*		Organisation's Address Proof*	
Identity Proof Name <small>(Eg: Pan Card, DL, Passport, ...)</small>	<input type="text"/>	Address Proof Name <small>(Eg: Latest Telephone Bill, Sales Tax, ...)</small>	<input type="text"/>
Identity Proof Number	<input type="text"/>		

Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

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/pdf/cps.pdf>.

Signature of the Subscriber*

Date* : Place* :

Section 4: 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*

For office use only

Partner Name: Sify RA: Date of Issuance:

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: _____

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: _____