

# sify safescrypt'

## **Digital Signature Certificate Subscription Form**

OUTSOURCING   CONSULTING   TECHNOLOGY	Digital Oigi			aboomption				
Class 2	Individual	Signing	2 Years					
Class of Certificate Class 3	With Org Name	Encryption	3 Years	quest ld:				
Section 1: Subscriber Details								
Name*:								
Designation :					* Self Attested Photo			
Date of Birth*:	M M Y Y Y	Y Gender		Female	Gell Attested Filoto			
Address (Residential address in o	case of Individual or Organizati	on address in case of D	SC with ORG )					
Organisation Name * (Mandatory in case of ORG DSC)	:							
(								
Door No/Building Name *								
Road/ Street/ Post Office *	:				Use blue-ink only including signature.			
Town/ City/ District *					Ensure the Name, Designa-			
State (Control of the American Control of Co					tion, Address and Contact number of the attesting offi-			
State/ Union Territory *					cer in at least one of the attestation document.			
Country*	:	PIN Code*						
Telephone Number* (with S	STD Code):							
Mobile Number*	:							
Email id*	:							
		Section 2: Ider	ntity Proof Details					
Photo Identity Proof*			Address Proof *					
Identity Proof Name	Address Proof Name							
( Eg: Pan Card, DL, Passport,)			( Eg: Passport, DL, Latest					
Identity Proof Number			Telephone Bill,)					
Note*: Subscriber's signature s	should appear on the Photo	D ID Proof.						
		Section 3:	Declaration					
I hereby declare that all the inf	formation provided in this S	Subscription form for	the purpose of obtaining	g a digital certificate is true	e and correct to the best			
of my knowledge. I am aware,		-	•		= -			
CA CPS (https://www.safescry suppresses any material fact fr				•				
t one lakh rupees or with both		allilling arry DSC such	person shall be punisha	ble with imprisonment up	to 2 years or with line up			
·								
Signature of the Subscriber*								
Date*: D D M M Y	YYY	Place*:						
Note*: Subscriber has to sign to				7.450.				
	Sec		on (only for ORG DS	The Chart of the Chart				
1,			The state of the s	re, that the Subscriber info				
is complete and accurate as pe ensure timely revocation of Dig					isation's behalf and I will			
		case the employee	leaves the company in it	iture.				
Signature & Organisation se	eal*							
		For offic	e use only					
Attestation By Sify Authoris			1 12 12 12					
I hereby declare that the subscriber has personally appeared before me ar original document copies.		submitted the	Partner Name:	AUXES Technity Pvt. Ltd.				
				Sify RA:	AUXES Technity Pvt. Ltd.			
Signature and Seal *				Date of Issuance:				
Date * D D M M Y Y Y Y Name *  Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.								

SafeScrypt CA Services brought to you by:

#### **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 a	pplicant by	the organizati	ion			
I hereby Authorize the I	oelow a <sub>l</sub>	oplicant to a	apply for Digita	ıl Signature	/ Encryptio	n Certificate	, on
behalf of the Organizati	on.						
Organization Name: _							
Name of the Applicant							
Org ID Number (if availa	able)						
Designation							
Class of Certificate		Class 2	Class 3				
Type of Certificate		Signature	Encryp	tion	Combo		
For the Organization,							
(a. 10 a )							
(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				
Chemid				
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.				
identity on behalf of the Organization.				
For the Organization,				
roi the Organization,				
(Seal & Signature)				
Name:				
Designation:				

### **Board Resolution (Suggested format)**

(To be printed on organization letter head)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSI	ED AT THE MEETING OF THE BOARD OF DIRECTORS
OF (Company Name)	HELD ON (Date)
AT (Address)	
<b>RESOLVED THAT</b> the company has decided to auth	orize, Mr. / Ms
and is hereby authorized	to sign and submit all the necessary papers, letters,
forms, etc to be submitted by the company in co	nnection with "authorizing any of the personnel of
the company (applicant) to procure Digital Certific	rate". The acts done and documents shall be binding
on the company, until the same is withdrawn by g	iving written notice thereof.
Specimen Signatures of Authorised Signatory:	
(Signature)	
RESOLVED FURTHER THAT, a copy of the above res	solution duly certified as true by designated director
/ authorised signatory of the company be furnishe	d 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:	