

Fill using BLUE ink in Block letters

<b>Class</b>	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3	
<b>Type</b>	<input type="checkbox"/> Signature	<input type="checkbox"/> Encryption	<input type="checkbox"/> Combo

<b>Validity</b>
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years

<b>Application ID</b>
_____

## Applicant Information

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

**Applicant's PAN:** \_\_\_\_\_ **Document ID No.:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Dept:** \_\_\_\_\_ **Bank PAN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pincode:** \_\_\_\_\_

**Email ID:** \_\_\_\_\_

Affix Passport Size Photo

*Cross Signature*

## Document Section

All supporting documents should be attested by Authorised Signatory of the organisation.

Applicant's Bank ID Card / Letter from Organisation

Authorised Signatory's Organisational ID Card / Letter for Organisation

Organisational PAN Card

PAN Card of Applicant (if PAN provided)

## Information for GST Invoice

Same as Above   GSTIN: \_\_\_\_\_

**Billing Name:** \_\_\_\_\_

\_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_

## Declaration by Applicant

- I have read, understood & agree to the terms & conditions mentioned in the VSign CPS & the subscriber agreement.
- I confirm that the information provided by me in the digital signature application form is correct. I am aware that Section 71 of the IT act 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.

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

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

## RA Declaration

I declare that the information entered on VSign portal is as per the application form and documents submitted by the subscriber.

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

**RA Code:** \_\_\_\_\_

\_\_\_\_\_  
**Registration Authority Signature & Seal**

## Authorisation Letter

I hereby authorise \_\_\_\_\_ (applicant name) to apply for "VSign Digital Signature Certificate" on behalf of our organisation. I certify the physical verification of the applicant and confirm that the information submitted by him/her is correct to the best of my knowledge.

**Name of Authorising Person:** \_\_\_\_\_

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

**ID Card:** \_\_\_\_\_

\_\_\_\_\_  
**Signature & Seal of Authorised Person**

(To be printed on Organization Letterhead with duly Sign and Stamp by the authorize person)

## Authorization Letter for Applying Digital Signature Certificate

Date:

To,  
VSign CA  
2<sup>nd</sup> Floor, Bhavna Building, V.S. Marg,  
Prabhadevi, Mumbai – 400025

I hereby authorize Mr. \_\_\_\_\_ holding mobile number \_\_\_\_\_ to apply for “VSign Digital Signature Certificate” on behalf of our organization (Name of the Organization). I certify the physical verification of the applicant and confirm that the information submitted by him / her is correct to the best of my knowledge.

Name of the Authorizing Person	
Designation of the Authorizing Person	
Identity Details	
Place and Date	
Signature with Company Seal	

*(To be printed on Organization Letterhead with duly Sign and Stamp by the authorize person)*

**Identity Proof issued by Organization**

Date:

To,  
VSign CA  
2<sup>nd</sup> Floor, Bhavna Building, V.S. Marg,  
Prabhadevi, Mumbai – 400025

Name of the Employee (Applicant)		Affix Employee Photo
Designation of the Employee (Applicant)		
Identity Details of the Employee (Applicant)(Employee ID)		
Department of the Employee (Applicant)		(Signature of the Employee)

I hereby certify the identity of the above individual and issue this letter to him on behalf of the organization.

(Sign and Seal)

Name of the Issuer:  
Designation of the Issuer:  
Mobile Number: