Digital Signature Application Form - DGFT					7	TM		
Fill using BLUE ink in Block letters					Certifyi	ng Authority		
Class DGFT		Valid	litv		Applicati	ion ID		
Type Signature] 1 Year □ 2 Ye			P			
		JITEdI □ Z TE	ais 🗆 3 it					
Applicant Information								
Name:								
Applicant's PAN: M	Applicant's PAN: Mobile:							
Date Of Birth: / / Gender:						Affix Passport Size Photo		
Organisation Name:		Cross Signature						
Organisation Dept: Organisation PAN:								
IEC Code:B	ranch Code):						
Address:				Company T	ype:			
				☐ Company)		
	ity: Pincode:							
Email ID:				\square AOP / BO	I □ NG	O / Trust		
Document Section								
All supporting documents should be attested by Authorised Signatory of the organization	anisation. Any other	r Govt. ID card submitt	ed as ID proof sh	ould be attested by B	ank Manager / (Gazetted Officer.		
Document Name Organisational ID card / Payroll entry / Slip details /	Company	Partnership	Proprietorship	AOP/BOI	LLP	NGO/Trust		
Letter from organisation	~	~	~	~	~	~		
Copy of Company PAN Card	~	~	×	~	~	~		
Copy of statement of bank account (First and second page) Copy of Incorporation / Registration Certificate	~	×	×	~	~	~		
Copy of AOA & MOA / Rules / Bye Laws (First 2 Pages)		×	×	~	~	~		
The copy of audit report along with the annual return pertaining to last financial year (First and second page) / Self Affidavit with reason if not available	on,	×	×	×	×	×		
Copy of ITR accompanied by computation of income/financial		~	~	~	~	~		
statement pertaining to last financial year (First and second page) Copy of Partnership deed / Copy of LLP agreement / Copy of Trust Deed (Max of first three pages including list of partners and authorised signatories)		~	×	×	~	~		
Copy of Business Registration Certificate (S&E / VAT / ST / GST)	×	×	~	×	×	×		
Proof of Authorised Signatory (Board Resolution)	~	×	×	~	~	~		
Authorised Signatory organizational ID Card	~	×	×	~	~	~		
Copy of IEC Certificate Copy of PAN Card of Applicant, if PAN provided	~	~	~	~	~			
Information for GST Invoice		Declaration	·	•		•		
☐ Same as Above GSTIN:		•I have read, under CPS & the subscrib	stood & agree		itions mention	ed in the VSign		
Pilling Name:		• I confirm that the in	formation provi					
Billing Name:		misrepresentation	or suppresses rson shall be p	71 of the IT act stip any material fact fro Inishable with impri	m the CCA or 0	CA for obtaining		
Billing Address:		Date:	•					
State:		Place:			!'			
				A	oplicant's Sig	nature		
RA Declaration		Authorisatio	n Letter					
I declare that the information entered on VSign portal is as application form and documents submitted by the subscrib			n Digital Signa	ture Certificate" or ion of the applic r is correct to the be	n behalf of ou ant and cor	nfirm that the		
		Name of Authorisi	ing Person:					
Date:				_				

Registration Authority Signature & Seal

ID Card: _______ Signature & Seal of Authorised Person

RA Code:____

(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 nd Floor, Bhavna Building, V.S. Marg, Prabhadevi, Mumbai – 400025						
Name of the Employee (Applicant)						
Designation of the Employee						
(Applicant)	Affix Employee Photo					
Identity Details of the Employee (Applicant)(Employee ID)						
Department of the Employee	(2)					
(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:						

(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 nd 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 Organizat	ion). I certify the physical verification of the applicant and confirm that the info	ormation 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		

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)	any Name) HELD ON (Date)		
AT (Address)			
RESOLVED THAT 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:			