| Digital Signature Application Form - Organisat | ion Government | | |
|--|-------------------------|--|--|
| Fill using BLUE ink in Block letters | Certifying Authority | | |
| Class Class 1 Class 2 Class 3 | Validity Application ID | | |
| Type Signature Encryption Combo | ear 🗆 2 Years 🗆 3 Years | | |
| Applicant Information | | | |
| Name: | | | |
| Applicant's PAN: Document ID No.: | | | |
| Date Of Birth:/_/ Gender: Mobile: | | | |
| Organisation Name: | | | |
| Organisation Unit: Organisation PAN: Affix Passport Size Photo | | | |
| Address: Cross Signature | | | |
| City: State: Pincode: | | | |
| Email ID: | | | |

Document Section

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

□ Applicant's Government ID Card / Letter from Organisation / Pay Slip (not older than 3 months)

□ Authorised Signatory's Organisational ID Card / Letter of Organisational Identity

□ PAN Card of Applicant (if PAN provided)

| Information for GST Invoice | Declaration by Applicant |
|--|---|
| Same as Above GSTIN: Billing Name: | 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. |
| Billing Address: State: | Date: Place: Applicant's Signature |
| | |
| RA Declaration | Authorisation Letter |
| I declare that the information entered on VSign portal is as per the application form and documents submitted by the subscriber. | 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: |
| Date: | |
| | Designation: |
| RA Code: Registration Authority Signature & Seal | ID Card: Signature & Seal of Authorised Person |

VERASYS TECHNOLOGIES PRIVATE LIMITED, 2nd Floor Bhavna Building, V.S. Marg, Prabhadevi Mumbai- 400025 Website: www.vsign.in | Contact: 91 22 43156000 | Email: support@vsign.in (To be printed on Organization Letterhead with duly Sign and Stamp by the authorize person)

Identity Proof issued by Organization

Date:

To, VSign CA 2nd 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 (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:

Authorization Letter for Applying Digital Signature Certificate

Date:

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

I hereby authorize Mr. ______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 | |