APPLICATION FORM - SIGNATURE CERTIFICATE



FOR DGFT (EXPORT / IMPORT)			11451	<i>D C T T C T C</i>	
Application ID: (S) (For Office	e Use Only)				
PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANE	ATORY				
More Instructions available at: http://www.e-mudhra.com/instruction.html					
APPLICANT INFORMATION					
LASTNAME FIRST NAME M	D D L E N A M	F	Affix recent	passport	
			size photog	graph of	
Date of Birth DDMMYYYY Gender Male Female Nati	onality		the applicant <u>duly</u> <u>signed across</u>		
Organisation					
Name					
Department					
Org Address		CLAS	S:		
		V DC	SFT		
City	Pin code	TYPE			
State]	- Sigı	nature		
PAN of Applicant Mobile					
IEC Code Branc	Code	VALIE	DITY:		
	Code		ear 🗌 2 Ye	ears	
Email ID					
DOCUMENT PROOF (attested by <u>Authorized Signatory</u> of the Organize	tion)				
Organization Type: Company Partnership Proprietorship AOP	BOI LLP NGO/TRU	ST			
Document Name	Company Partne		p AOP/BOI	LLP NGO/Trust	
Copy of Applicant's Organizational ID Card / Letter from Organization / Pay Slip	√ ✓		√	✓ ✓	
Copy of Organizational PAN Card	√ ✓		√	√ √	
Copy of Bank Statement (First 2 Pages)	√ ✓	✓	√	✓ ✓	
Copy of Incorporation/Registration Certificate	√		√	√ √	
Copy of AOA & MOA / Rules / Bye laws (First 2 Pages)	~		~	✓ ✓	
Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with re if not available (First 2 Pages)	ason, 🗸	· •	~	✓ ✓	
Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of Partners / Signatories (2 Pages)	√	,		✓	
Copy of Business Registration Certificate (S&E / ST / VAT / Any other Government Registration)		✓			
Proof of Authorized Signatory (Board Resolution)	✓		√	√ √	
Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Id	entity 🗸 🗸	·	✓	✓ ✓	
Copy of PAN Card of Applicant, if PAN provided	* *	*	*	* *	
Copy of Import Export Certificate, in case of DGFT	* *	*	*	* *	
DECLARATION BY APPLICANT AUTHORIZATION					
I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.				Digital Signature/	
Date					
	Signature of the applicant				
Place (As in ID proof Blue ink Only) Authorized Signatory (Sign and Seal)					
TO BE FILLED BY RA OFFICE ONLY I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.					
Date RA Name, Code & Seal Signature of RA					
eMudhra Limited, 3rd Floor, Sai Arcade, 56, Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103.					

Karnataka. Phone: +91 80 6740 1400 Fax: +91 80 4227 5306. Email: info@e-Mudhra.com Website: www.e-Mudhra.com.

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.)

То:
eMudhra Limited
Bangalore
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
Mobile Number
Class of Certificate Class 2 Class 3
Type of the Certificate Signature Encryption Combo
I hereby confirm the mobile number of Applicant given above. In case of class 3, I confirm the Physical Verification of Applicant.
For 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)	
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:	

Letter of Identity Proof by Organization

(To be printed on organization letter head / Office seal. To be signed by HRD of Organization / Authorized Signatory / Government Department in-charge. To be used if the Organizational ID card is not available for the applicant.)

То:	
eMudhra Limited	
Bangalore	
Subject: Organizational ID Proc	
Organization Name:	
Name of the Individual	<u> </u>
Org ID Number (if available)	
Designation	
Department	
I hereby confirm the Identity of Identity on behalf of the Organi	of the above Individual. I'm the Authorized Personnel to certify the ization.
For the Organization,	
(Seal & Signature)	
Name:	
Designation:	