

**APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE - FOR ORGANISATION**

Application ID Number (For office use only):  (For Signature Application only)  
 (For Encryption Application only)

**Instructions:**

- Please fill the form in BLOCK LETTERS and (\*) MARKED Fields are Mandatory.
- Inconsistent/incomplete applications are liable to be rejected.
- Attestation of documents by any: Gazetted Officer OR Bank Manager OR Company Secretary OR Post Master OR present originals to our Registration Authority for verification & attestation.
- All subscribers are advised to read Certification Practice Statement and Subscriber agreement eMudhra available at [www.e-mudhra.com](http://www.e-mudhra.com)
- At Par Cheque / Demand Draft to be drawn in favour of **eMudhra Consumer Services Ltd.**
- For Class III Digital Signatures "In Person Verification" of the applicant is mandatory

**Affix  
recent passport  
photograph of the  
applicant duly  
signed across**

1A. CERTIFICATE CLASS*	1B. CERTIFICATE TYPE*	2. CERTIFICATE VALIDITY*	3. USB TOKEN*
<input type="checkbox"/> Class 2 Gold Organisation	<input type="checkbox"/> Signature	<input type="checkbox"/> 1 Year	<input type="checkbox"/> Required
<input type="checkbox"/> Class 3 Platinum Organisation	<input type="checkbox"/> Encryption	<input type="checkbox"/> 2 Years	<input type="checkbox"/> Not Required

**APPLICANT DETAILS\* (As per applicant's valid ID Proof at Sl. No. 11 below)**

4. Name:\* Mr./Ms./Dr.  F I R S T N A M E  M I D D L E N A M E  L A S T N A M E

5. Date of Birth:\*  D  M  M  Y  Y  Y  Y 6. Gender:\*  Male  Female 7. Nationality  I  N  D  I  A  N

8. Father/Spouse's Name  9. Residential Status\*  Resident

**ORGANISATION DETAILS\* (Door No., Name of the premises, Road, Area, City, State and Pin Code needs to be filled)**

10. Organisation Details: \*  Corporate Office  Head Office  Registered Office  Branch Office

Organisation Name

Department

Registration Number

Date of Incorporation / Proprietorship Commencement / Partnership Agreement

Address :

Pincode  City  State

Telephone No. (e.g. +91-80-23333333)  Mobile No. (e.g. +91-9999999999)

Fax No. (e.g. +91-80-23333333)

Corporate Website (URL)

PAN No. of Organisation\* Attach photo copy)

**Organisations Bank Account Details: \***

Bank Name

Branch Name & Place

Account Type  Savings  Current

Account Number

**IDENTIFICATION DETAILS\***

11. E-Mail ID:\* (Valid and active E-mail ID to be included in the Digital Signature Certificate)

12. a) PAN of the Applicant:

12. b) Valid Identity Documents : \*  Passport  Copy of Driving License  PAN card  Post Office ID Card

Bank Account Passbook containing the Photograph and signed by an individual with attestation by the concerned Bank official

Photo ID Card issued by the Ministry of Home Affairs of Centre/State Government  Document ID No.

Any Government issued photo ID Card bearing the signatures of the individual

### PAYMENT DETAILS\*

13. Mode of Payment \*  Online  Cheque/DD

#### Online Payment Details

Transaction/Reference No.	<input type="text"/>
Bank Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

#### Cheque/DD Payment Details

Cheque /DD No.	<input type="text"/>
Bank & Branch Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

### DECLARATION

I hereby agree that I have read and understood the provisions of eMudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in eMudhra repository. I hereby consent to revoke my Digital Signature Certificate, if physical copy of the Digital Signature Certificate Application along with the supporting documents are not received by eMudhra CA within 15 days of issuance of Digital Signature Certificate.

Place : \_\_\_\_\_ Signature of the Applicant

Date : \_\_\_\_\_ Name of the Applicant :

Office Seal and Stamp

### UNDER CHECK LIST OF ORGANISATION DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION\*

- ID proof of applicant as selected in S.No 12
- True copy of any one (attested by Company Secretary OR Director OR Partner of the Organisation as applicable)
  - Certificate of Incorporation  Memorandum of Association  Regd. Partnership Deed  Valid Business License
- True copy of any one (attested by Company Secretary OR Director OR Partner of the Organisation as applicable)
  - Annual Report  Latest Income Tax Return  Latest Organisation Bank details from the Bank  Statement of Income issued by Chartered Accountant
- Attested Copy of the Organisation PAN Card
- Authorization letter in favour of the certificate applicant from the Organisation as per format below
- List of Partners/Members/Directors with their complete name and address details

### 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.

RA Name :

Signature :

Place :

Date : \_\_\_\_\_ RA Seal & Stamp

### AUTHORISATION LETTER FORMAT\* (This Authorisation Letter is required on the Organisation's letterhead)

To,  
eMudhra Consumer Services Limited,  
3rd Floor, Sai Arcade, 56 Outer Ring Road,  
Deverabeesanahalli, Opp Intel, Bangalore 560103  
Phone : +91 80 4336 0000

Date :

Dear Sir,

Sub : Authorisation letter for obtaining Digital Signature Certificate.

This is certify that Mr./Mrs./Miss. \_\_\_\_\_ (Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature Certificate' to the best of my knowledge and belief vide application form dated DD-MM-YYYY. I hereby authorize him/her, on behalf of our Organisation to apply for obtaining the following Class of Digital Signature Certificate issued by e-Mudhra.

- Class 2 Gold Organisation  Class 3 Platinum Organisation  Class 3 Device / Server

#### Details of Executive Authorizing the Applicants :

Signature :

Name :

Designation :

Department :

Office Seal and Stamp :

### CONTACT DETAILS