APPLICATION FORM - DOCUMENT SIGNER/ENCRYPTION CERTIFICATE

emudhra
Trust Delivered

CLASS 2

Application ID: (D) ⬚⬚⬚⬚⬚⬚⬚⬚⬚ (E) ⬚⬚⬚⬚⬚⬚⬚⬚⬚

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

More Instructions available at: http://www.e-mudhra.com/instruction.html

APPLICANT INFORMATION

5 dd`]Wbh Name

Designation:

Date of Birth ⬚D ⬚D ⬚M ⬚M ⬚Y ⬚Y ⬚Y   **Gender** ☐ Male ☐ Female   **Mobile** ⬚⬚⬚⬚⬚⬚⬚⬚⬚

Email ID:

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

ORGANISATION INFORMATION

Organisation Name:

Department:

Address:

City: **State:**

Pin code: ⬚⬚⬚⬚⬚⬚   **Country:**

Type:

☑ Class 2 Combo (special)

VALIDITY:

☐ 1 Year   ☐ 2 Years   ☐ 3 Years

Class 2 Certificate:

I'm / We're aware of risks associated in case of Class 2 Certificate, when originated and stored in a software format (PFX / P12).We shall ensure all responsibilities towards securing the certificate at our end, and implement all measures to avoid unauthorized access/usage/distribution/copying of the private key.

DOCUMENT PROOF (attested by Authorized Signatory of the Organization)

Organization Type: ☐ Goverment ☐ Bank ☐ Company ☐ Partnership ☐ Proprietorship ☐ AOP/BOI ☐ LLP ☐ NGO/TRUST

Document Name	Goverment	Bank	Company	Partnership	Proprietorship	AOP/BOI	LLP	NGO/Trust
Copy of Applicant's Organizational ID Card / Letter from Organization	✓	✓	✓	✓	✓	✓	✓	✓
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 reason, if not available (First 2 Pages)			✓	✓	✓	✓	✓	✓
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)					✓			
Proof of Authorized Signatory (Board Resolution)			✓			✓	✓	✓
Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity	*	*	*	*	*	*	*	*

DECLARATION BY APPLICANT

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 hereby declare and understand that Organizational Document Signer Certificate issued to us will be used only for automated signing of documents / information and will not be used in any other context including individual signature.I hereby declare that necessary controls have been built in software applications to ensure that there is no misuse.I hereby declare and understand that the documents/messages authenticated using Organisational Document Signer Certificate issued to us is having organisational accountability.

Date: _____

Place: _____   Signature of the applicant

Authorized Signatory of Applicant's Organization

I hereby authorize this application on behalf of the organization.I hereby confirm the mobile of Applicant given above.

Name: _____

Designation: _____

Telephone: _____

Email: _____

Authorized Signatory (Sign and Seal)

Version 3.0