APPLICATION FORM - CODE SIGNING CERTIFICATE

emudhra
Trust Delivered

CLASS 2

Application ID: (For Office Use Only)

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

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

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

APPLICANT INFORMATION

Applicant Name

Designation:

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

Email ID:

ORGANISATION INFORMATION

Organisation Name:

Department:

Address:

City: **State:**

Pin code: **Country:**

Type:

Code Signing Certificate

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 / Any other Government Registration)					✓			
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 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.

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)

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