

# APPLICATION FORM - DOCUMENT SIGNER CERTIFICATE



## 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>

### APPLICANT INFORMATION

5 dd'Wubh  
Name:

Designation:

Date of Birth           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:

Document Signer

#### 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:  Government  Bank  Company  Partnership  Proprietorship  AOP/BOI  LLP  NGO/TRUST

Document Name	Government	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 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)