

APPLICATION FORM - DOCUMENT SIGNER CERTIFICATE



CLASS 3

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

Applicant 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 3 Certificate:

I/We understand that Class 3 certificate should originate and be stored in a FIPS certified Hardware Security Module (HSM). We declare and assure that the CSR is originated by the key-pair generated in our HSM, and we confirm eMudhra to certify those CSR, and issue the certificate (.cer).

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Organizational PAN Card		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Bank Statement (First 2 Pages)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Incorporation/Registration Certificate			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of AOA & MOA / Rules / Bye laws (First 2 Pages)			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with reason, if not available (First 2 Pages)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of Partners / Signatories (2 Pages)				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Business Registration Certificate (S&E / ST / VAT / Any other Government Registration)					<input checked="" type="checkbox"/>			
Proof of Authorized Signatory (Board Resolution)			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

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. I also confirm the Physical Verification of Applicant.

Name:

Designation:

Telephone:

Email:

Authorized Signatory (Sign and Seal)