

# Digital Signature Certificate Subscription Form

Class of Certificate	Class 2 <input type="checkbox"/>	Type of Certificate	Individual <input type="checkbox"/>	Signing <input type="checkbox"/>	Certificate Validity	1 Year <input type="checkbox"/>
	Class 3 <input type="checkbox"/>		With Org Name <input type="checkbox"/>	Encryption <input type="checkbox"/>		2 Years <input type="checkbox"/>

## Section 1: Subscriber Details

Name\*:

Designation :

Date of Birth\*:         Gender \*:  Male  Female

Address (Residential address in case of Individual or Organization address in case of DSC with ORG )

Organisation Name \* :

Door No/Building Name \* :

Road/ Street/ Post Office \* :

Town/ City/ District \* :

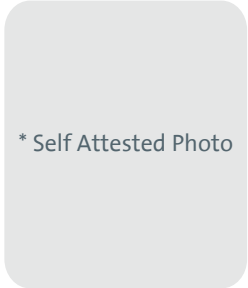
State/ Union Territory \* :

Country\* :  PIN Code\*

Telephone Number\* (with STD Code):

Mobile Number\* :

Email id\* :



## Section 2: Identity Proof Details

<b>Photo Identity Proof*</b> Identity Proof Name <input type="text"/> <small>( Eg: Pan Card, DL, Passport, ...)</small> Identity Proof Number <input type="text"/>	<b>Address Proof*</b> Address Proof Name <input type="text"/> <small>( Eg: Passport, DL, Latest Telephone Bill, ...)</small>
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Note\*: Subscriber's signature should appear on the Photo ID Proof.

## Section 3: Declaration

I hereby declare that all the information provided on this Subscription Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the SafeScript CA's CPS <https://www.safescrypt.com/pdf/cps.pdf>.

Signature of the Subscriber\*

Date\*:         Place\*:

Note\*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

## Section 4: Authorisation (\*only for ORG DSC)

I, \_\_\_\_\_ acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal\*

### For office use only

Attestation By Sify Authorised LRA/Partner(\*For Class3 DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies of ID proof. I have verified the same with TRUE COPY.

Signature and Seal \*

Date \*         Name \*

Note\*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.

SafeScript CA Services brought to you by:

Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600113. E-Mail: [enquiries@safescrypt.com](mailto:enquiries@safescrypt.com)

Partner Name:	<input type="text"/>
Date of Issuance:	<input type="text"/>
City:	<input type="text"/>