

Digital Signature Certificate Subscription Form

Class of Certificate: Class 2 Individual Signing 1 Year
 Class 3 With Org Name Encryption 2 Years Request Id:

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*
(Mandatory in case of ORG DSC)

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*



* Self Attested Photo

- Use blue-ink only including signature
- Ensure the Name, Designation, Address and Contact number of the attesting officer in at least one of the attestation document.

Section 2: Identity Proof Details

Photo Identity Proof* Identity Proof Name <input type="text"/> <small>(Eg: Pan Card, DL, Passport, ...)</small> Identity Proof Number <input type="text"/>	Address Proof* 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 in 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 the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript CA CPS (<https://www.safescript.com/pdf/cps.pdf>) and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

Signature of the Subscriber*

Date*: Place*:

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class 3 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 Class 3 DSC Only)
 I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal*

Date* Name*

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

Note*: Safescript 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 - 600 113. E-Mail: enquiries@safescript.com