

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* :

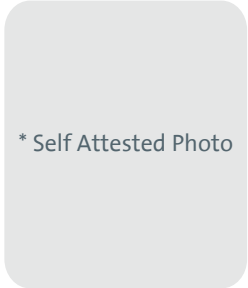
State/ Union Territory* :

Country* : PIN Code*

Telephone Number* (with STD Code):

Mobile Number* :

Email id* :



Section 2: Identity Proof Details

Photo Identity Proof* Identity Proof Name <input type="text"/> (Eg: Pan Card, DL, Passport, ...) Identity Proof Number <input type="text"/>	Address Proof* Address Proof Name <input type="text"/> (Eg: Passport, DL, Latest Telephone Bill, ...)
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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

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