



Digital Signature Application Check List for Member

Particulars	Tick
Duly Filed Application form in "Blue Ink"	
Copy of PAN Card & Aadhar Card of the Applicant	
Copy of Organization Documents as per List	
Cheque in Favor of "Pagaria Advisory Pvt Ltd"	

PRICING OPTION

Renewal with a new Token for 2 Years(FIPS Level 3 Certified) - Rs2,000/-			
Class 3 Org Signing Certificate	1044		
SMS & Video Verification	347		
USB Token FIPS Level 3	377		
Service Tax	209		
VAT	23		
Free Technical Support for 2 Years	Nil		
PDF , File, Office Signing tool worth Rs 3000 - Licensed Version	Nil		
Total	2,000		

Note: Video Verification and Mobile number verification is mandatory for issuance of Class 3 Digital Signature. If the applicant himself visits for the enrollment of Digital signature with his aadhar card - then video verification is not required

For Video Verification with Recording

You will received a Link in you E mail after you have submitted your form. Link on the Link in the Email and then Capture you Video using Webcam and then Submit

For Telephone Verification

Option 1: Complete telephonic Verification from registered Mobile Number by Calling on 1800-419-2929 Extn 8/044 or 044-66800000 Extn 8. Tell the representative your Request ID^* and Email ID

OR

Option 2 : send SMS to 9664166000 / 8546800060 in Format " SAFE < Request ID* > < Email ID> Confirmed

Address for DSC Application

Brihan Mumbai Custom Housing Agent Association, 73-74, Mittal Tower, "C" Wing, 7th Floor, Nariman Point, Mumbai - 400 021 Tel - +91 22 2288 0492

Help Line Number and Ticket Support

Mob: 97022 67539 | Tel: 022 6792 4642 | 022 6643 4642 | 9594417804Ticket Support: www.support.cryptoplanet.in | E Mail: support@pagariagroup.com

^{*} You will received the request ID on your mobile after we complete the enrollment

FILL THE FORM AND SIGN IN "BLUE" PEN ONLY



Digital Signature Certificate Subscription Form

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PORTION AND ADDRESS OF THE PROPERTY OF THE PRO	gning 1 Yea						
Class of Certificate Class 3 With Org Name Encry	vption 2 Year	Reques	st Id:				
Section 1: Subscriber Details							
Name*:							
Halle .							
Designation :				* Self Attested Photo			
Date of Birth*:	Gender *:	Male F	emale	Sell Attested Filoto			
Address (Residential address in case of Individual or Organization address in	n case of DSC with OR	G)					
Organisation Name * : (Mandatory in case of ORG DSC)							
Door No/Building Name * :							
Road/ Street/ Post Office * :				 Use blue-ink only including signature. 			
Town/ City/ District * :				Ensure the Name, Designation, Address and Contact			
State/ Union Territory * :				number of the attesting offi- cer in at least one of the at-			
Country* : PIN Coc	le*			testation document.			
Telephone Number* (with STD Code):							
Mobile Number*							
Email id* :							
Section	on 2: Identity Proo	of Details					
Photo Identity Proof *		ress Proof*					
Identity Proof Name	P1 08 7500	ess Proof Name		1			
(Eg: Pan Card, DL, Passport,)	(Eg: Pa	assport, DL, Latest					
Identity Proof Number	Telep	hone Bill,)					
Note*: Subscriber's signature should appear on the Photo ID Proof.				27			
Se	ction 3: Declaration	on					
I hereby declare that all the information provided in this Subscription of my knowledge. I am aware, as a subscriber for the digital signature		•	•				
CA CPS (https://www.safescrypt.com/pdf/cps.pdf) and also under the				* * * * * * * * * * * * * * * * * * * *			
suppresses any material fact from the CCA or CA for obtaining any I	OSC such person sha	all be punishable	with imprisonment up to 2	years or with fine up			
to one lakh rupees or with both.				1			
Signature of the Subscriber*							
Date*: D D M M Y Y Y Place*:							
Note*: Subscriber has to sign before the Authorised LRA/Partner for	Class 3 DSC.						
	thorisation (only	for ORG DSC)					
ſ _a ,	acknowledge b	by my signature, th	nat the Subscriber informa	tion in this document			
is complete and accurate as per our office records. I fully understand				ion's behalf and I will			
ensure timely revocation of Digital Signature Certificate in case the	employee leaves the	company in future	Ð.				
Signature & Organisation seal*							
	For office use on	ly					
Attestation By Sify Authorised LRA/Partner* (For Class3DSC	52,020	N-SHO	and the control of th	A			
I hereby declare that the subscriber has personally appeared befo original document copies.	re me and submitted	d the	Partner Name:				
Signature and Seal *			Sify RA:				
			Date of Issuance:				
Note*: Safescrypt at its discretion, will make a telephone call to verify	y the details of the S	ubscriber.					

SafeScrypt CA Services brought to you by:

Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600 113. E-Mail: enquiries@safescrypt.com

DOCUMENT CHECKLIST FOR CLASS 3 ORGANIZATION SIGNING CERTIFICATE

Document of the Applicant

- * PAN Card of the applicant (Mandatory Attested by Bank or Gazetted officer)
- * Aadhar Card of the applicant

<u>Document for Organization – All Documents to be Attested by Authorized Signatory with Stamp or Seal</u>

Type of Organization Document	Company	Partnership	Proprietor ship	Others
Copy of Organization PAN Card / Proprietor PAN Card	٧	٧	٧	V
Copy of Organizational Bank Statement (Latest 2 Pages)	٧	٧	٧	٧
Copy of Incorporation / Registration Certificate of Organization / Business Registration Certificate (VAT,ST, S &E)	٧		٧	٧
Copy of Memorandum & Articles / Partnership deed / Bye Laws (First 2 Pages	٧	٧		٧
Copy of Last Audit Report & Annual Return (First 2 Pages)	٧			V
Copy of Latest ITR With Computation		٧	٧	٧
Copy of Resolution Empowering the Authorized Signatory *	٧			٧

*Note:

Resolution not Required if Authorization Made by Directors / Partners of the Organization – Identity Proof of Such Person which contain their Signature Should be attached to the Form

Sample Format of Resolution

Extracts of the meeting of the [Partners/Board of Directors/Governing Body] of [Name of the Organisation] held on [Date]

"Resolved that Mr. [Name of the person being appointed for authorization], whose details, photo and signature given below, be and is hereby appointed to Authorize [all or any or selected Persons of the Organisation as per list] at [Name of branch/Unit/Department] for obtaining Digital Signatures of [Class 3 with Organisation Name having Validity2 years for Signing] on behalf of the Organisation."

Name of the person Appointed for Authorization:	
Designation :	
Department:	Photo of the Person with seal
Employee Code:	of the Organisation
Employee ID Card No :	
Address:	
Signature:	
Contact No.	
Date:	

Certified true Copy

For [Name of the Organisation]

Signature of the Partner/Director/Chairman/Secretary/Head of Department