

Digital Signature Certificate Subscription Form

Class 2 Individual Class of Certificate	Signing	1 Year Reque	est Id:
Class 3 With Org Name	Encryption	2 Years	
Section 1: Subscriber Details			
Name*:			
Designation :			
Date of Birth*: D D M M V V V V Gender *: Male Female * Self Attested Photo 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 * :			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- testation document.
Country* : I	PIN Code*		testation document.
Telephone Number* (with STD Code):			SIGN ACROSS PHOTO
Mobile Number* :			SIGN ACROSS PHOTO
Email id* :			
Section 2: Identity Proof Details			
Photo Identity Proof*		Address Proof *	
Identity Proof Name		Address Proof Name	9
(Eg: Pan Card, DL, Passport,) Identity Proof Number		(Eg: Passport, DL, Latest Telephone Bill,)	
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 SafeScrypt CA CPS (https://www.safescrypt.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*		\leftarrow	SIGN HERE
Date*: D D M M Y Y Y P Place*:			
Note*: Subscriber has to sign before the Authorised LRA/Partner for Class 3 DSC.			
Section 4: Authorisation (only for ORG DSC)			
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 respensible 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 Class3DSC Only)			
I hereby declare that the subscriber has personally appeared before me and su original document copies.		ubmitted the	Partner Name:
Signature and Seal *			Sify RA:
Date * D D M M Y Y Y Name *		Date of Issuance:	
Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.			

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