

Digital Signature Certificate Subscription Form

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

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 * : 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 * | Address Proof * |
|--|--|
| Identity Proof Name (Eg: Pan Card, DL, Passport, ...) | Address Proof Name (Eg: Passport, DL, Latest Telephone Bill, ...) |
| Identity Proof Number | |

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.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* 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 Class3DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

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 - 600 113. E-Mail: enquiries@safescrypt.com

| | |
|-------------------|--|
| Partner Name: | |
| Sify RA: | |
| Date of Issuance: | |