

## SafeEXIM Digital Certificate Subscription Form

Certificate Validity    1 Year     2 Years     Request ID :

### Section 1: Subscriber Details

Name\*:

Designation\*:

Date of Birth\*:            Gender\*:  Male  Female

Organisation Name \* :

IEC Code\* :     Branch Code\* :

Organisation Address\* :

Road/ Street/ Post Office \* :

Town/ City/ District \* :

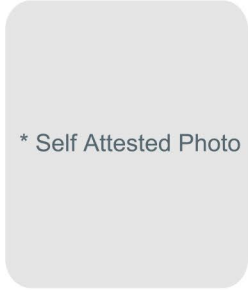
State/ Union Territory \* :

Country\* :     PIN Code\* :

Telephone Number\* (with STD Code) :

Mobile Number\* :

Email id\* :



\* Self Attested Photo

### Section 2: Identity Proof Details

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

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 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\*:

### Section 4: Authorisation

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

Partner Name:

Sify RA: **E SIGN INDIA**

Date of Issuance: