



Enrollment Date :- _____

Time :- _____



Digital Signature Certificate Subscription Form

Class of Certificate	Class 2	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Signing	<input type="checkbox"/>	1 Year	<input type="checkbox"/>	Request Id:	<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"/>

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 * :

(Mandatory in case of ORG DSC)

Door No/Building Name * :

Road/ Street/ Post Office * :

Town/ City/ District * :

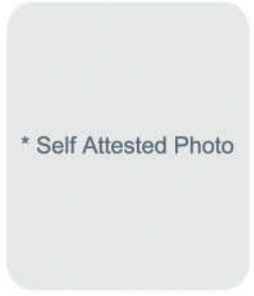
State/ Union Territory * :

Country* : PIN Code*

Telephone Number* (with STD Code):

Mobile Number* :

Email id* :



- 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 * 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, ...) <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 the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript CA CPS (<https://www.safescript.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*: Safescript at its discretion, will make a telephone call to verify the details of the Subscriber.

Partner Name:	ACE Technology
Sify RA:	
Date of Issuance:	

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@safescript.com

Digital Signature Certificate (DSC) **Documents for Government users**

1) DSC Application form

- a) Completely filled
- b) Signature of applicant in Section 3.
- c) Applicant to sign across his/ her photo affixed on application form.
- d) Section 4 – signed & stamped by Senior Authorizing officer (HOD).

2) Photo ID proof of Applicant

- a) Applicant's PAN card / Aadhar Card – Any One.
- b) Applicant's Department ID card (if Dept. ID is not available then Service Certificate letter)
- c) Attestation on ID proofs by Sr. Authorizing Officer / HOD with sign & stamp.

3) Photo ID proof of Authorizing officer – Self Attested

(PAN card / Aadhar Card / Department ID card – Any One)

4) Authorization letter

Filled, Signed & Stamped as per format given, authorizing the applicants.

5) Payment

Payment to be made by Cheque/DD in favour of 'ACE Technology', payable at Mumbai, amount- Rs. 850/-.

ACE Technology

Head Office address: B 25-27, Singh Industrial Estate No. 1, Ram Mandir Road West, Mumbai – 400104.	<ul style="list-style-type: none">• Tele.: 022 - 46103700 (Board line)• Website: www.acetechnology.co.in• Email id: support@acetechnology.co.in
--	---

Branch Offices

Delhi - Chandigarh – Ghaziabad - Lucknow - Akbarpur - Mathura-Vrindavan – Gorakhpur – Bhopal
Patna – Nagpur – Pune – Bangalore – Chennai – Guwahati - Kolkata

To print On Letter head

Date:-

To,
Ms. ACE Technology
LRA of Sify Technologies Limited,
B-27, 2nd floor, Singh Industrial Estate No. 1,
Ram Mandir (West), Mumbai – 400104

Digital Signature application authorization letter

We confirm that the following persons are the employee / officials in our respective Government department / Zilla Parishad/ Gram Panchayat and authorized to take Digital Signature Certificate (DSC) on behalf of the respective Government / Local body.

I, _____ **(Name of Authorizing Officer)** acknowledge by my signature, that the Subscriber information in the provided DSC documents is complete and accurate as per our office records. I fully understand that the Subscribers are responsible to transact on the organization's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

SNo.	Applicant's Name	Organization/ Local Body Name	Department Name
1			
2			
3			

Signature & Organization seal

Phone Number of Signatory: _____

Designation of Signatory: _____