

APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE



(FOR FOREIGN INDIVIDUAL)

Application ID Number (For office use only):

Instructions:

1. Please fill the form in BLOCK LETTERS and (*) MARKED Fields are Mandatory.
2. Inconsistent/incomplete applications are liable to be rejected.
3. Attestation of documents by any: Gazetted Officer OR Bank Manager OR Post Master OR present originals to our Registration Authority for verification.
4. For Foreign Individuals without a valid Indian Visa the document attestation has to be done by the Indian Embassy
5. All subscribers are advised to read Certification Practice Statement and Subscriber agreement of eMudhra available at www.e-mudhra.com
6. At Par Cheque / Demand Draft to be drawn in favour of **eMudhra Consumer Services Ltd.**
7. For Class III Digital Signatures it is mandatory for the applicant to be physically present before official / agents off eMudhra to complete in person verification
8. All Corrections in the application shall be attested by the applicant

Affix recent Photograph of applicant duly signed across

1A. CERTIFICATE CLASS:*	1B. CERTIFICATE TYPE:*	2. CERTIFICATE VALIDITY:*	3. USB TOKEN:*
<input type="checkbox"/> Class 2 Gold <input type="checkbox"/> Class 3 Platinum	<input type="checkbox"/> Signature	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year	<input type="checkbox"/> Required <input type="checkbox"/> Not Required

4. Certificate Category: * Individual Organisation

APPLICANT DETAILS* (As per applicant's valid ID Proof at Sl.No.11 below)

5. Name: * Mr./Ms./Dr.

6. Date of Birth: * 7. Gender: * Male Female 8. Nationality

9. Father/Spouse's Name

10. Residential Status * Non-Resident 11. email id

12. PAN Number of Applicant (Mandatory if the signature is required for filing Income Tax Returns in India)

CONTACT DETAILS* of INDIVIDUAL APPLICANT

13. (++) Address for communication : Residence Office (As per proof Submitted)

(Door No., Name of the premises, Road, Area, City, State and Pin code needs to be filled)

Pincode City State

Telephone No. (e.g. +91-80-23333333) Mobile No. (e.g. + 91-9999999999)

CONTACT DETAILS* for APPLICANT'S ORGANISATION ADDRESS IF APPLYING ON BEHALF OF ORGANISATION

14. Organisation Details: * Corporate Office Head Office Registered Office Branch Office

Organisation Name

Department

Registration Number

Date of Incorporation / Proprietorship Commencement / Partnership Agreement

Address :

Pincode City State

Telephone No. (e.g. +91-80-23333333) Mobile No. (e.g. + 91-9999999999)

Fax No. (e.g. +91-80-23333333)

Corporate Website (URL)

PAN No. of Organisation* Attach photo copy)

Organisation's: *

Bank Name																														
Branch Name & Place																														
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current																												
Account Number																														

IDENTIFICATION DETAILS*
15a.Passport Details:*

Passport number																														
Passport Issuing Authority																														
Passport Expiry Date																														

15b.Visa Details: (Mandatory and Applicable if the applicant is in India)*

Visa issued By																														
Visa valid from																														
Visa Expiry Date																														

15c.Valid Identity Details:*

(Please tick any one and fill the ID number and attach attested copy of ID proof)

<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> PAN Card																											

PAYMENT DETAILS*

16. Mode of Payment * Online / Net Banking At Par Cheque/DD NEFT

Online Payment Details

Transaction/Reference No.																														
Bank Name																														
Account Type																														
Amount Rs.																														
Date																														

Cheque/DD Payment Details

Cheque /DD No.																														
Bank & Branch Name																														
Account Type																														
Amount Rs.																														
Date																														

DECLARATION*

I hereby agree that I have read and understood the provisions of eMudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in eMudhra repository.

Date :* Name of the Applicant:

Place:* Signature:

Seal and Stamp (as applicable):

TO BE FILLED BY RA OFFICE ONLY*

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents.

RA Name :

Signature :

Place :

Date : **RA Seal & Stamp**

CHECKLIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION for INDIVIDUAL CERTIFICATE *

a. Attested copy of any one as per the list in serial no. 15c

Passport Driving License PAN Card

NB : Passport with a valid copy of the visa is a must if the applicant is in India

b. Attested Copy of PAN CARD (Mandatory if PAN number has been provided)

c. Attested Copy of any one for address proof

Passport Driving License Electricity Bill Telephone Bill

Checklist of Documents to be Submitted along with Application for Organisation Certificate

a. <input type="checkbox"/> Attested Copy of anyone as per the list is S.No. 15c
b. Attested copy of any one <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Memorandum of Association Regd. <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Valid Business License
c. Attested Copy of any one <input type="checkbox"/> Annual report <input type="checkbox"/> Latest Income Tax Return <input type="checkbox"/> Latest organisation Details from the Bank <input type="checkbox"/> Statement of Income issued by Chartered Accountant
d. <input type="checkbox"/> Attested Copy of the Organisation PAN Card or equivalent for the corresponding country
e. <input type="checkbox"/> Authorisation letter in favour of the certificate applicant from the Organisation as per format below
f. <input type="checkbox"/> List of Partners / members / Directors with their complete name and address details

AUTHORISATION LETTER FORMAT* (This Authorisation Letter is required on the Organisation's Letterhead)

To,

Date:

eMudhra Consumer Services Limited
 3rd Floor, Sai Arcade, 56 Outer Ring Road
 Deverabeesanahalli, Opp Intel
 Bangalore 560103
 Phone: +91 80 4336 0000

Dear Sir,

Sub: **Authorisation letter for obtaining Digital Signature Certificate.**

This is certify that Mr./Mrs./Miss. _____ (Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature Certificate' to the best of my knowledge and belief vide application form dated DD-MM-YYYY. I hereby authorize him/her, on behalf of our Organisation to apply for obtaining the following Class of Digital Signature Certificate issued by eMudhra.

Class of Digital Signature Certificate issued by e-Mudhra.

Class 2 Gold Organisation Class 3 Platinum Organisation

Signature:

Name:

Designation:

CONTACT DETAILS

eMudhra Consumer Services Limited, 12/27, First Floor, Udayappa Colony, Salem - 636 007. Tamil Nadu
 Phone : +91 80 4336 0000 Fax : +91 80 4227 5306 Email : info@e-Mudhra.com Website : www.e-Mudhra.com