UNDERTAKING FOR DIGITAL SIGNATURE CERTIFICATE RENEWAL REQUEST

emudhra Trust Delivered

Application ID Number (For office use only): ☐☐☐☐☐☐☐☐☐☐☐☐

To,

e-Mudhra Consumer Services Limited.

Date: ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

Instructions:

1. Please fill the form in BLOCK LETTERS only.
2. [*] MARKED Fields are Mandatory.
3. Any discrepancy or inconsistency in the form will lead to delay and / or rejection.
4. For renewal of Organisation certificate, please attach request letter from the Organisation.
5. Please use new Digital Signature Certificate Application form, if the original information of the subscriber has changed.

REASON FOR RENEWAL*

I _____ hereby request you to renew or reissue my digital
  (applicant name as mentioned in the digital signature certificate)
signature certificate bearing application ID number _____ The reason for request for renewal is as below: (Please tick)

1. ☐ **Original Certificate Expiry Date _____**

2. Original Certificate revoked due to:

☐ Private Key Compromise	☐ Use of digital signature discontinued	☐ Transferred/Resigned/Retired from the company
☐ Loss of Private Key	☐ Death of the subscriber	☐ Original misplaced
☐ Original corrupted	☐ Dissolution of the company	☐ Change of Organisation
☐ Information in the certificate has changed	☐ Certificate lost due to download failure	☐ Others please specify: _____

OTHER DETAILS*

3. Renewal requested for *   ☐ 1 Year   ☐ 2 Years

4. Contact Details*

Telephone No.*	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Mobile No.*	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Email ID*	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAYMENT DETAILS*

5. Mode of Payment   ☐ Online   ☐ Cheque/DD

Online Payment Details		Cheque/DD Payment Details	
Transaction/Reference No.		Cheque/DD No.	
Bank Name		Bank & Branch Name	
Account Type		Account Type	
Amount Rs.		Amount Rs.	
Date		Date	

DECLARATION*

I hereby agree that I have read and understood the provisions of e-Mudhra 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 e-Mudhra repository. I hereby consent to revoke my Digital Signature Certificate, if physical copy of the Digital Signature Certificate Application along with the supporting documents are not received by eMudhra CA within 15 days of issuance of Digital Signature Certificate.

Date: Place: Name of the Applicant:

Seal & Stamp: Signature:

CONTACT DETAILS

Analytix Corporate Solutions Pvt Ltd, 41/2219,First Floor, The Star Building, Veekshanam Road, Kochi- 682018

Version 3 - Jan 11   **Ph: 0484-2102241 / 3199600 / 4017178 / 4017168 / 9567867512**   **CONFIDENTIAL**