DIGITAL CERTIFICATE FOR ORGANISATION - APPLICATION FORM

e. List of Partners/Members/Directors with their complete Name and Addresses



PLEASE FILL IN BLOCK LETTERS ONLY

Application ID (For Office Use	e Only)				
Signature					
Encryption				Affix recent passport	
CLASS	TYPE		VALIDITY	size photograph of	
Class 2	Signature		1 Year	the applicant duly signed across	
Class 3	Encryption		2 Years		
USB TOKEN					
Required Not Req	uired				
Applicant Details					
Name Mr./Ms./Dr. LASTNA Date of Birth DDMMYY	M E Gender	F I R S T N A Male Female	Nationality		
ORGANISATION DETAILS					
Organisation Details Corporate C	Office	Head Office	Registered Office	Branch Office	
Organisation Name					
Department					
Registration Number					
Date of Incorporation/Proprietership Commencement/Partnership Agreement					
Address					
		01-1-			
City		State		Pin code	
Telephone	Mobile L		Fax No		
PAN of Organisation					
IDENTIFICATION DETAILS					
Email ID					
PAN of the Applicant	- 5 In a law)				
Valid Identity Documents (Any one Passport	of below) ☐ Driving License	ΡΔ	N Card	Post Office ID Card	
Aadhaar Card	Bank Account Pa		vernment ID Card	T ost office ib oard	
ID Number		33500K			
	SATION DOCUMEN	ITS TO BE SUBMITTE	D AI ONG WITH TH	IF APPLICATION	
a. ID proof of the applicant					
b. True copy any one of the below documents Certificate of Incorporation Memorandum of Association Regd. Partnership deed Valid Business License					
Annual Report	Latest Income	Tax Return La	itest Organisation Ba	ank Details from the Bank	
Statement of Income issued by Chartered Accountant					
c. Attested copy of Organisation PAN card d. Authorisation letter in favour of the Certificate Applicant from the Organisation as per the format overleaf					
d. Multionsation letter in layour of the Certificate Applicant from the Organisation as per the format overlear					



Declaration

subscriber agreemer	have read and understood the provis and will abide by the same. The information the best of my knowledge and I acce	ormation provided in this Digita	al Signature Certificate request form
Place		Cool & Stamp (If any)	Cignature of the applicant
TO BE FILLED BY	DA OFFICE ONLY	Seal & Stamp (If any)	Signature of the applicant
		on in this application form. I ha	ive checked and verified the application
form and supporting	•		tre diseased and vermed the application
Date			
Place		DA Nama Cada 9 Caal	Ciamatura of DA
		RA Name, Code & Seal	Signature of RA
Payment Details	<u>`</u>		
Mode of Payment	<u> </u>	Cheque / Demand Draft	
	Online Transfer Details		Cheque / DD Details
Transaction / Ref No		Cheque/DD No	
Bank Name		Bank & Branch Name	
Account Type		Account Type -	
Amount (₹)		Amount (₹)	
Date		Date	
	AUTHORISAT	TION LETTER FORMAT	
To.			Date:
eMudhra Consumer Service 3rd Floor, Sai Arcade, 56 Ou Deverabeesanahalli, Opp Int Bangalore 560103 Phone: +91 80 4336 0000 Dear Sir, Sub: Authorisation letter fo This is certify that Mr./Mrs./Mis	or obtaining Digital Signature Certificate. ss (Certificate application form dated DD-MN ficate issued by e-Mudhra. Class 3 Organisation		ion in the 'Application form for issue of Digital Signature alf of our Organisation to apply for obtaining the following
Designation: Department:	Employee Code:		Office Seal and Stamp
Instructions			

General

- 1. Please fill the form in BLOCK LETTERS only.
- 2. Inconsistent/incomplete applications are liable to be rejected.
- 3. All subscribers are advised to read Certification Practice Statement and Subscriber agreement eMudhra available at www.e-mudhra.com.

Class of Certificate

- $\overline{\textbf{4}}$. For Class III Digital Signatures "In Person Verification" of the applicant is mandatory. **Email ID**
- 5. Email ID in the application should be a valid and active email ID belonging to Applicant, in order to issue the certificate.

Document Proof

- Bank Account Passbook should be containing the Photograph and signed by an individual with attestation by the concerned Bank official.
- 7. Bank Statement, the date of last transaction should not be older than 3 months.
- 8. All Address proof documents should have the complete address for the purpose of accepting the same as proof.
- Attestation of documents by any: Gazetted Officer OR Bank Manager OR Company Secretary OR Post Master OR present originals to our Registration Authority for verification & attestation.

Payment Details

10. At Par Cheque / Demand Draft to be drawn in favour of eMudhra Consumer Services Ltd.

Contact Details