## DIGITAL CERTIFICATE FOR ORGANISATION - APPLICATION FORM

\*\*\*All fields are mandatory

## FOR DGFT APPLICATION USAGE



PLEASE FILL IN BLOCK	LETTERS ONLY	For form filling please follow th	e instruction in ht	tp://www.e-mudhra.com/instruction.html		
Application ID (For Office	Use Only)					
Signature						
CLASS	TYPE	VALIDITY		Affix recent passport		
DGFT	Signature	1 Year		size photograph of the applicant <u>duly</u>		
		2 Years		signed across		
USB TOKEN						
Required Not	Required					
APPLICANT INFORMATION						
	STNAME FIF	R S T N A M E	MID	D L E N A M E		
Applicant Details						
Date of Birth	Gender Male	Female Nation	onality			
IEC DETAILS OF THE ORGA	NISATION					
IEC Code	Branch Code	e				
ORGANISATION DETAILS						
Organisation Name						
Department						
Address						
City	State			Pin code		
Telephone	Mobile		ax No			
PAN of Organisation	F	PAN of Applicant				
Email ID						
Declaration						
hereby agree that I have read subscriber agreement and will a s true and correct to the best of Date	abide by the same. The inform	ation provided in this Dig	gital Signatu	re Certificate request form		
Place		Seal & Stamp (If any)	S	ignature of the applicant		
TO BE FILLED BY RA OFFIC	E ONLY					
declare that the applicant has form and supporting documents Date	provided correct information in	n this application form. I	have checke	ed and verified the application		
Place	F	RA Name, Code & Seal	Sig	gnature of RA		

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IDENTIFICATION DETAILS		
Valid Identity Documents (Any o	one of below)	
Passport	Driving License	PAN Card
Post Office ID Card	Bank Account Passbook	Government ID Card (having applicant's Sign)
ID Number		
UNDER CHECKLIST OF ORGAN	IISATION DOCUMENTS TO BE SU	BMITTED ALONG WITH THE APPLICATION
c. Attested copy of Organisa d. Authorisation letter in favo	Memorandum of Association  Latest Income Tax Return  d by Chartered Accountant  tion PAN card	Regd. Partnership deed Valid Business License Latest Organisation Bank Details from the Bank  The Organisation as per the format overleaf and Addresses
	AUTHORISATION LET	ITER
To, 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 D This is certify that Mr./Mrs./Miss. has provided correct information in the 'Application' Organisation to apply for obtaining Class 3 DGFT Details of Executive Authorising the applicants Signature:	on form for issue of Digital Signature Certificate" to the Certificate.	Date:  (Certificate applicant) ne best of my knowledge and belief. I hereby authorize him/her, on behalf of our
Designation: Department:	Employee Code:	Office Seal and Stamp

## **Contact Details**

eMudhra Consumer Services Limited, 3rd Floor, Sai Arcade, 56 Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103. Karnataka Phone: +91 80 4336 0000 Fax: +91 80 4227 5306 Email: info@e-mudhra.com Web:www.e-mudhra.com

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