

## APPLICATION FORM - DOCUMENT SIGNER/ENCRYPTION CERTIFICATE



## CLASS 2

 Application ID: (D)           (E)          

## PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

 More Instructions available at: <http://www.e-mudhra.com/instruction.html>

## APPLICANT INFORMATION

Applicant Name:

Designation:

Date of Birth:           Gender ☐ Male ☐ Female Mobile:

PAN of Applicant:         (NOTE : PAN No. is mandatory)

Email ID:

 Affix recent passport size photograph of the applicant **duly signed across**

## ORGANISATION INFORMATION

Organisation Name:

Department:

Address:

City:  State:

Pin code:       Country:

GST No.:

## Type:

☒ Class 2 Combo (special)

## VALIDITY:

☐ 1 Year ☐ 2 Years ☐ 3 Years

## Class 2 Certificate:

I'm / We're aware of risks associated in case of Class 2 Certificate, when originated and stored in a software format (PFX / P12). We shall ensure all responsibilities towards securing the certificate at our end, and implement all measures to avoid unauthorized access/usage/distribution/copying of the private key.

## DOCUMENT PROOF (attested by Authorized Signatory of the Organization)

 Organization Type: ☐ Government ☐ Bank ☐ Company ☐ Partnership ☐ Proprietorship ☐ AOP/BOI ☐ LLP ☐ NGO/TRUST

| Document Name   | Government | Bank | Company | Partnership | Proprietorship                         | AOP/BOI | LLP | NGO/Trust |
|---|------------|------|---------|-------------|--|---------|-----|-----------|
| Copy of Organizational PAN Card, If GST No. not provided                          |            | ✓    | ✓       | ✓           |  | ✓       | ✓   | ✓         |
| Copy of Recent Bank Statement / Bank Certificate, If GST No. not provided         |            |      | ✓       | ✓           | ✓                                      | ✓       | ✓   | ✓         |
| Copy of Incorporation Certificate, If GST No. not provided                        |            |      | ✓       |             |  | ✓       | ✓   | ✓         |
| Copy of Partnership deed containing list of Partners / Authorization Letter       |            |      |         | ✓           |  |         |     |           |
| Copy of Business Registration Certificate (S&E / etc)                             |            |      |         |             | ✓                                      |         |     |           |
| Proof of Authorized Signatory (List of Directors / Board Resolution / Resolution) |            |      | ✓       |             |  | ✓       | ✓   | ✓         |
| Authorized Signatory ID Proof (Organizational ID Card / PAN Card / etc)           | ✓          | ✓    | ✓       | ✓           | ✓ ( If applicant is not a proprietor ) | ✓       | ✓   | ✓         |
| Copy of Applicant PAN Card  | ✓          | ✓    | ✓       | ✓           | ✓                                      | ✓       | ✓   | ✓         |
| Undertaking for PFX/P12/Soft download   | ✓          | ✓    | ✓       | ✓           | ✓                                      | ✓       | ✓   | ✓         |

 Note: Templates for certain documents can be found at <https://www.e-mudhra.com/repository>

## DECLARATION BY APPLICANT

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 form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I hereby declare and understand that Organizational Document Signer Certificate issued to us will be used only for automated signing of documents / information and will not be used in any other context including individual signature. I hereby declare that necessary controls have been built in software applications to ensure that there is no misuse. I hereby declare and understand that the documents/messages authenticated using Organisational Document Signer Certificate issued to us is having organisational accountability.

 Date: 

 Place: 

Signature of the applicant

## Authorized Signatory of Applicant's Organization

I hereby authorize this application on behalf of the organization. I hereby confirm the mobile of Applicant given above.

 Name: 

 Designation: 

 Telephone: 

 Email: 

Authorized Signatory (Sign and Seal)