

Digital Signature Certificate Subscription Form

Class of Certificate	Class 2	☐	Type of Certificate	Individual	☐	Signing	☐	Certificate Validity	1 Year	☐
	Class 3	☐		With Org Name	☐	Encryption	☐		2 Years	☐

Section 1: Subscriber Details

Name*:

Designation:

Date of Birth*: Gender*: ☐ Male ☐ Female

Address (Residential address in case of Individual or Organization address in case of DSC with ORG)

Organisation Name* (Mandatory in case of ORG DSC)

Door No/Building Name*

Road/ Street/ Post Office*

Town/ City/ District*

State/ Union Territory*

Country* PIN Code*

Telephone Number* (with STD Code):

Mobile Number*

Email id*



Section 2: Identity Proof Details

Photo Identity Proof* Identity Proof Name (Eg: Pan Card, DL, Passport, ...) Identity Proof Number	Address Proof* Address Proof Name (Eg: Passport, DL, Latest Telephone Bill, ...)
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Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided on this Subscription Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the SafeScript CA's CPS <https://www.safescrypt.com/pdf/cps.pdf>.

Signature of the Subscriber*

Date*: Place*:

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

Section 4: Authorisation (*only for ORG DSC)

I, _____ acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal*

For office use only

Attestation By Sify Authorised LRA/Partner(*For Class3 DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies of ID proof. I have verified the same with TRUE COPY.

Signature and Seal*

Date* Name*

Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.

Safescrypt CA Services brought to you by:

Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600113. E-Mail: enquiries@safescrypt.com

Partner Name:	
Date of Issuance:	
City:	