

Digital Signature Certificate Subscription Form

Class 2			1 Year		
Class of Certificate Class 3	With Org Name	Encryption	2 Years	Request Id:	
Section 1: Subscriber Details					
Name*:					
Tidano.					
Designation :					* Self Attested Photo
Date of Birth*:	M Y Y Y	Gender	*: Male	Female	Gell Attested Filoto
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 *	:				Use blue-ink only including signature.
Town/ City/ District *					 Ensure the Name, Designation, Address and Contact
State/ Union Territory *					number of the attesting offi- cer in at least one of the at- testation document.
Country*	:	PIN Code*			testation document.
Telephone Number* (with STD 0	Code):				
Mobile Number*					
Email id*	:				
Section 2: Identity Proof Details					
Photo Identity Proof * Address Proof *					
Identity Proof Name			Address Pro	oof Name	
(Eg: Pan Card, DL, Passport,)			(Eg: Passport, DL, Latest		
Identity Proof Number			Telephone Bill,)	
Note*: Subscriber's signature should appear on the Photo ID Proof.					
Section 3: Declaration					
I hereby declare that all the information provided in 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 the digital signature certificate, the duties and responsibilities which are applicable under the SafeScrypt CA CPS (https://www.safescrypt.com/pdf/cps.pdf) and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or					
suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up					
to one lakh rupees or with both.		,			
Signature of the Subscriber*					
Date*: D D M M Y Y Y Place*:					
Note*: Subscriber has to sign before the Authorised LRA/Partner for Class 3 DSC.					
		on 4: Authorisati		RG DSC)	
Ū,		ackr	owledge by my s	ignature, that the Subscriber inform	nation in this document
is complete and accurate as per our	office records. I fully u	nderstand that the	Subscriber is resp	consible to transact on the Organisa	ation's behalf and I will
ensure timely revocation of Digital S	ignature Certificate in o	case the employee	eaves the compa	ny in future.	
Signature & Organisation seal*					
		For offic	e use only		
Attestation By Sify Authorised LRA/Partner* (For Class3DSC Only)					
I hereby declare that the subscriber has personally appeared before me a			submitted the	Partner Name:	
original document copies.				Sify RA:	
Signature and Seal *				Date of Issuance:	
Date * D M M Y Y Y Name * Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.					
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SafeScrypt CA Services brought to you by:

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