

PAYMENT DETAILS*

13. Mode of Payment * Online Cheque/DD

Online Payment Details

Transaction/Reference No.	<input style="width: 100%;" type="text"/>
Bank Name	<input style="width: 100%;" type="text"/>
Account Type	<input style="width: 100%;" type="text"/>
Amount Rs.	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>

Cheque/DD Payment Details

Cheque /DD No.	<input style="width: 100%;" type="text"/>
Bank & Branch Name	<input style="width: 100%;" type="text"/>
Account Type	<input style="width: 100%;" type="text"/>
Amount Rs.	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>

DECLARATION

I hereby agree that I have read and understood the provisions of eMudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in eMudhra repository.

Place : _____ Signature of the Applicant

Date : _____ Name of the Applicant :

Office Seal and Stamp

UNDER CHECK LIST OF ORGANISATION DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION*

- a. ID proof of applicant as selected in S.No 12
- b. True copy of any one (attested by Company Secretary OR Director OR Partner of the Organisation as applicable)
 - Certificate of Incorporation Memorandum of Association Regd. Partnership Deed Valid Business License
- c. True copy of any one (attested by Company Secretary OR Director OR Partner of the Organisation as applicable)
 - Annual Report Latest Income Tax Return Latest Organisation Bank details from the Bank Statement of Income issued by Chartered Accountant
- d. Attested Copy of the Organisation PAN Card
- e. Authorization letter in favour of the certificate applicant from the Organisation as per format below
- f. List of Partners/Members/Directors with their complete name and address details

TO BE FILLED BY RA OFFICE ONLY*

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents.

RA Name :

Signature :

Place :

Date : _____ **RA Seal & Stamp**

AUTHORISATION LETTER FORMAT* (This Authorisation Letter is required on the Organisation's letterhead)

To,
eMudhra Consumer Services Limited,
3rd Floor, Sai Arcade, 56 Outer Ring Road,
Deverabeesanahalli, Opp Intel, Bangalore 560103
Phone : +91 80 4336 0000

Date :

D	D	M	M	Y	Y	Y	Y
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Dear Sir, Sub : Authorisation letter for obtaining Digital Signature Certificate.

This is certify that Mr./Mrs./Miss. _____ (Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature Certificate' to the best of my knowledge and belief vide application form dated DD-MM-YYYY. I hereby authorize him/her, on behalf of our Organisation to apply for obtaining the following Class of Digital Signature Certificate issued by e-Mudhra.

- Class 2 Gold Organisation Class 3 Platinum Organisation Class 3 Device / Server

Details of Executive Authorizing the Applicants :

Signature :

Name :

Designation :

Department :

Office Seal and Stamp :

CONTACT DETAILS