



CONFIDENTIAL

APPLICATION FOR	סוט	ПА	IL S	וטונ	NA	IUF	<b>XE</b> (	CEI	XIII	FICA	416	⊏ - FOI	RORG	GANI	ISAT	ION									, ,	us	l L	, .	,,,	er	eu
Application ID Number (For office	use (	only)	):	$\top$	Т					(F	or S	ignatur	е Ар	plica	ation	only	y)														
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Instructions:  1. Please fill the form in BLOCK LET  2. Inconsistent/incomplete applicati  3. Attestation of documents by any: Of present originals to our Registration  4. All subscribers are advised to read  5. At Par Cheque / Demand Draft to be  6. For Class III Digital Signatures "In	ions a Gazette n Autho I Certif be drav	re lia ed Of ority fication wn in	able to fficer for version Pro n favo	to be OR E erifica ractice our of	rejed Bank ation a e Stat	cted, Mana & atte temen udhr	ager ( estation ent and ra Co	OR Con. d Sub	ompa oscrib u <b>me</b>	er agr r <b>Se</b> r	eem	ent eM	udhra				wwv	v.e-m	nudh	ra.co	m						pho a	cen otog	Affix t pas graph icant ed ac	sspo n of t	the y
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Class 2 Gold Organisation				Signature								] 1	Yea	ır									Rec	uired	t						
Class 3 Platinum Organisatio	'n					Enc	ryptic	on							2	Yea	ırs									Not	Req	uired	Ł		
		AP	PL	ICA	NT	DE	ΕΤΑ	ILS	* (A	\s pe	r ap	oplica	nt's	val	id II	D P	roo	f at	SI.	No.	11be	elow	<b>'</b> )								
4. Name:* Mr./Ms./Dr.	F	I	R	ST	N	А	M	Е	I			M		D	D	L	Е	N A	A   N	/I E					L	Α	S	Т	N.	A	ИΕ
5. Date of Birth:*	D	D	M	// Y	Υ	Υ	Υ	6.	Gen	der:	*	Male	e	Fe	ema	le		7	7. N	latic	nali	ty	I	1 D	1	Α	N	l			
8. Father/Spouse's Name			$\perp$	$\perp$		Ш	$\square$							Į				9	9. R	esi	dent	ial	Stat	us*		4	<u>/</u>	Resi	ident	:	
ORGANISATI	ON	DE	TA	ILS	* ([	)oor	r No.	, Na	me	of th	е рі	remis	es, F	Roa	d, A	Area	a, C	ity,	Sta	te aı	nd P	in C	ode	nee	eds	to l	e fi	lled	l)		
10. Organisation Details: *				Cor	rpor	rate	Offi	се		He	ad (	Office	)			Reg	gist	ere	d C	Offic	е		Brar	ıch	Off	ice					
Organisation Name					T																										T
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Date of Incorporation / Proprietorsh Commencement / Partnership Agre			Ī	Ŧ	Ŧ	Ť				T	Ī		Ť	T		T									T			T		T	T
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Corporate Website (URL			_	+	+	<u> </u>		<u> </u>																		<u></u>	Ш				
PAN No. of Organisation* Attach pho Organisations Bank Accou			ile	*		$\perp$																									
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Branch Name & Place			$\frac{1}{1}$	$\pm$	$\pm$	$\frac{\perp}{\perp}$					Γ					<u> </u>		<u> </u>						<del></del>	<u></u>	 		_	$\frac{1}{1}$	$\pm$	$\pm$
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11. E-Mail ID:* (Valid and active E	-mail II	D to b	oe inc	luded	in the	e Digit	tal Sig	natur	e Cer	tificate	)			<u></u>	_		_			Щ				<u></u>	<u></u>	<u></u>	Щ		_	<u></u>	<u> </u>
						<u></u>																								$\perp$	
12. a) PAN of the Applicant	::																														
12. b) Valid Identity Docum	ents	: *		Pas	sspor	rt		Cop	y of	Drivin	g Lic	cense			PAN	l car	ď		Pos	st Off	ice II	) Ca	rd								

Bank Account Passbook containing the Photograph and signed by an individual with attestation by the concerned Bank official

Photo ID Card issued by the Ministry of Home Affairs of Centre/State Government D No.

Any Government issued photo ID Card bearing the signatures of the individual



		F	PAYMENT DETAI	LS*											
13. Mode of Payment *	Online	Cheque/DD													
Online Payment Detail		Officials	Chagua	/DD Paymer	at Dotai	lo.									
Transaction/Reference No.	<b>5</b>		Cheque /[	•	it Detai	15									
			<u>'</u>							_	_				
Bank Name				anch Name							+				
Account Type			Account T	ype											
Amount Rs.			Amount R	S.											
Date			Date												
DECLARATION															
nereby 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 rovided 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.															
ace:  Signature of the Applicant															
ate: Name of the Applicant:															
	Office Seal and Stamp														
UNDER CHECK	LIST OF ORG	SANISATION DO	CUMENTS TO BI	SUBMIT	TED AI	LONG	3 WI	тн т	HE A	\PP	LIC	ATIO	N*		
a. ID proof of applica	nt as selected in S.N	o 12													
b. True copy of any one (at	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	r in favour of the cert	ficate applicant from the	Organisation as per form	at below											
f. List of Partners/Me															
TO BE FILLED BY RA OFFICE ONLY*															
declare that the applicant has p	orovided correct infor	mation in this application fo	orm. I have checked and v	erified the applic	cation forr	n and si	upporti	ng doci	ıments	8.					
RA Name :															
Signature :															
Place :															
Date :	RA Seal & Stamp  AUTHORISATION LETTER FORMAT* (This Authorisation Letter is required on the Organisation's letterhead)														
	IN LETTER FO	ORWAI (IIIIS A	utilorisation Let	iei is requ	iireu oi	ii tiie	Org	aiiis	atioi	151	elle	illea	a)		
To, eMudhra Consumer Services I	Limited.		Date : D D M N	YYYY	/										
3rd Floor, Sai Arcade, 56 Oute	•														
Deverabeesanahalli, Opp Intel	, Bangalore 560103														
Phone: +91 80 4336 0000															
Dear Sir,		Sub : Authorisation	letter for obtaining Digita	al Signature Cer	rtificate.										
This is certify that Mr./Mrs./Miss (Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature														ture	
Certificate" to the best of my kn		•										-	-		
Class of Digital Signature Certif	icate issued by e-Mud	dhra.													
Class 2 Gold Organisation	on	Class 3 Platinum Org	anisation		Class	3 Devi	ce / Se	ver							
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				Signatu								-			
				Nar	me :										
				Designati	ion :										
				Departme											

**CONTACT DETAILS** 

Office Seal and Stamp: