

Digital Signature Certificate Subscription Form

		Crtiffoatc	Oubscription	
Class 2 Individual	Signing	1 Year		
Class of Certificate Class 3 With Org Name	Encryption	2 Years	Request Id:	
Section 1: Subscriber Details				
Name*:				
Name.				
Designation :				* Self Attested Photo
Date of Birth*:	Y Gende	er *: Male	Female	Con Attosted i Hoto
Address (Residential address in case of Individual or Organiza	ition address in case of	DSC with ORG)		1
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-
Country* :	PIN Code*			testation document.
Telephone Number* (with STD Code):				
Mobile Number*				
Email id*				
Section 2: Identity Proof Details				
Photo Identity Proof * Address Proof *				
Identity Proof Name		Address Pro	55 N - W - N - N - N - N - N - N - N - N -	1
(Eg: Pan Card, DL, Passport,)		(Eg: Passport, DL		
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 dig CA CPS (https://www.safescrypt.com/pdf/cps.pdf) and a	-			
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.				
Se	ction 4: Authoris	ation (only for OR	G DSC)	
Ι,		Control of the Contro	gnature, that the Subscriber infor	
is complete and accurate as per our office records. I full				sation's behalf and I will
ensure timely revocation of Digital Signature Certificate	in case the employe	ee leaves the compan	y in future.	
Signature & Organisation seal*				
For office use only				
Attestation By Sify Authorised LRA/Partner* (For			(2) (42.2 m) (47.1 m) (42.2 m) (47.1 m)	1
I hereby declare that the subscriber has personally ap original document copies.	peared before me a	nd submitted the	Partner Name:	
Signature and Seal *			Sify RA:	
Date * D M M Y Y Y Name *			Date of Issuance:	
Note*: Safescrypt at its discretion, will make a telephone	e call to verify the de	tails of the Subscribe	r.	

SafeScrypt CA Services brought to you by:

Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600 113. E-Mail: enquiries@safescrypt.com